

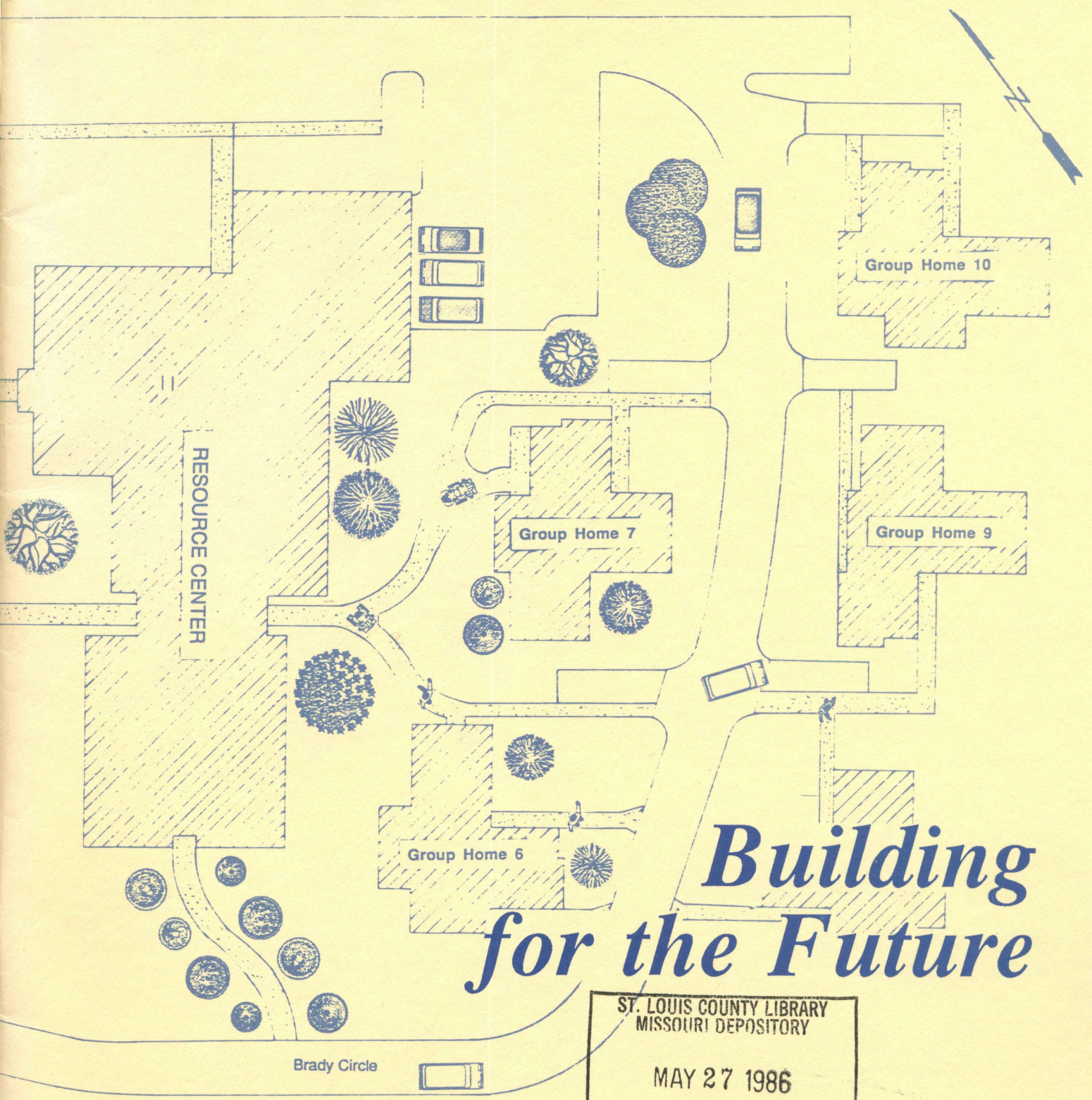
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ANNUAL REPORT Progress Notes

Fall 1985

A publication of the Missouri Department of Mental Health

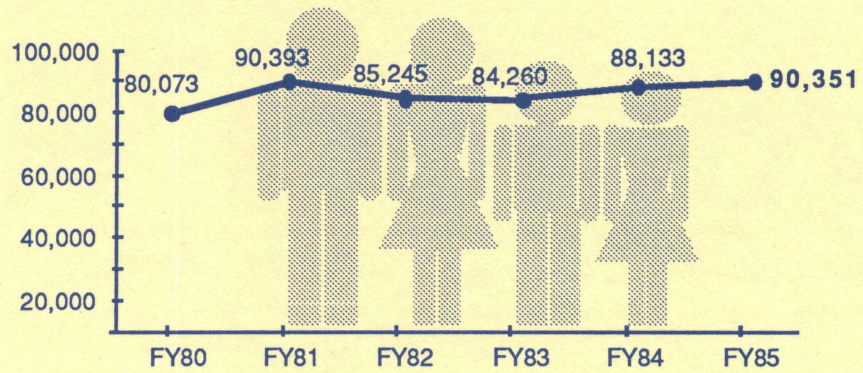


*Building
for the Future*

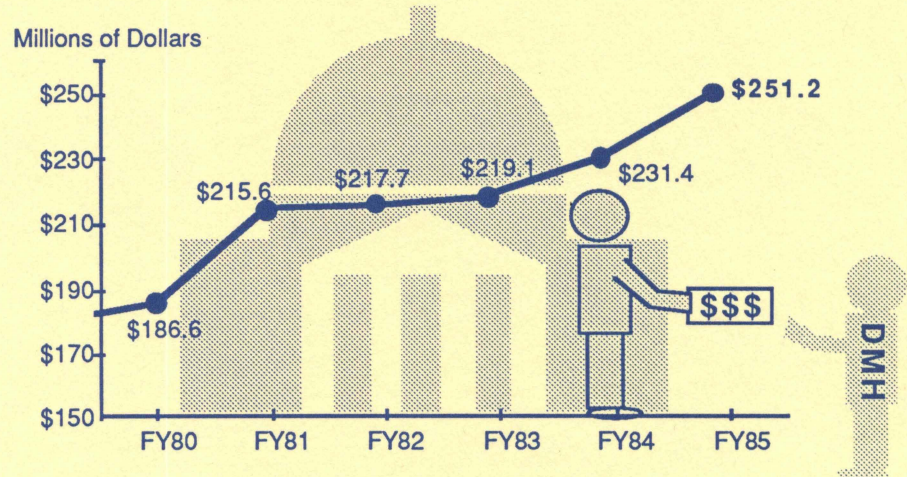
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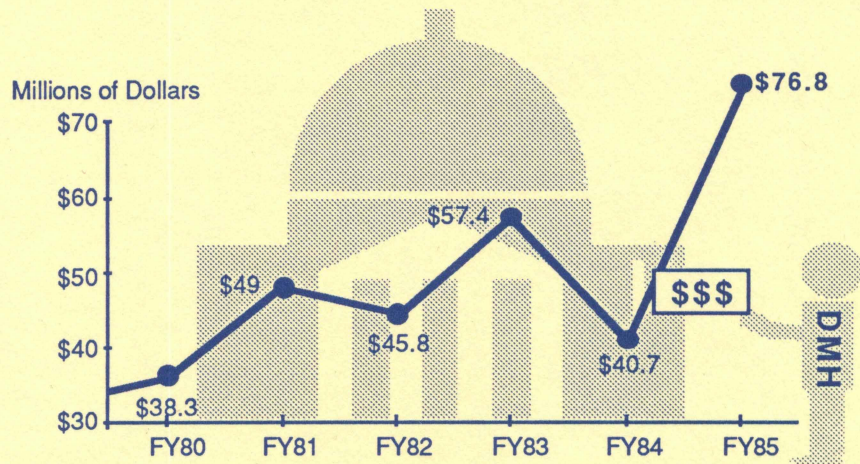
Clients Served



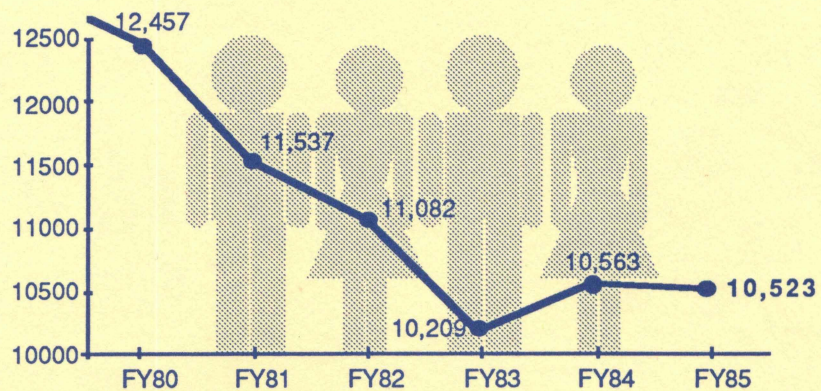
Funding from General Revenue



Collections Returned to General Revenue



Employees at end of fiscal year



*The gifts of life often are not equally given.
So it is our responsibility to build upon the gifts
that are given—be they our own or those of the
people we serve.*

*The result of this building process is the
strengthening of us all. And society's house is
not merely made stronger, but more beautiful.*

Missouri Department of Mental Health

	Fiscal 1984	Fiscal 1985
Clients served	88,133	90,351
State funding (millions)	\$231.4	\$251.2
Total funding (millions)	\$255.5	\$274.2
Collections (millions)	\$40.7	\$66.8
Employees (as of June 30)	10,563	10,523

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Mental Retardation, Developmental Disabilities

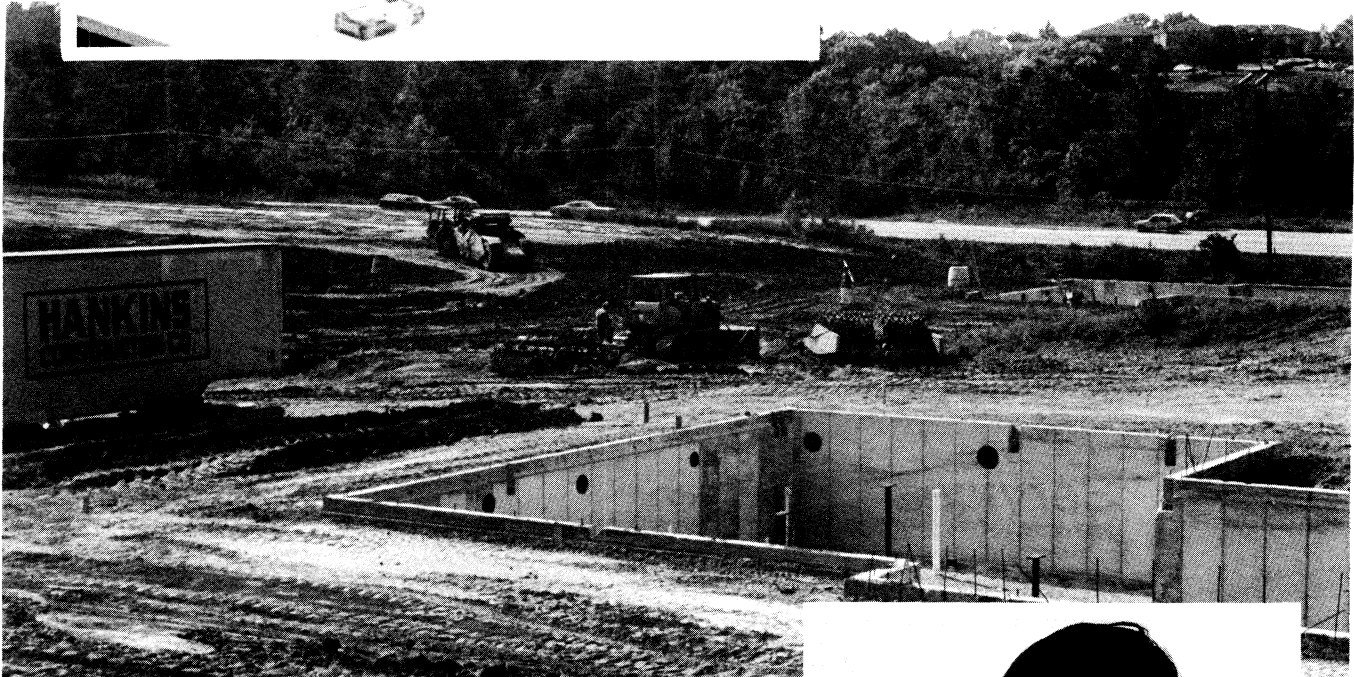
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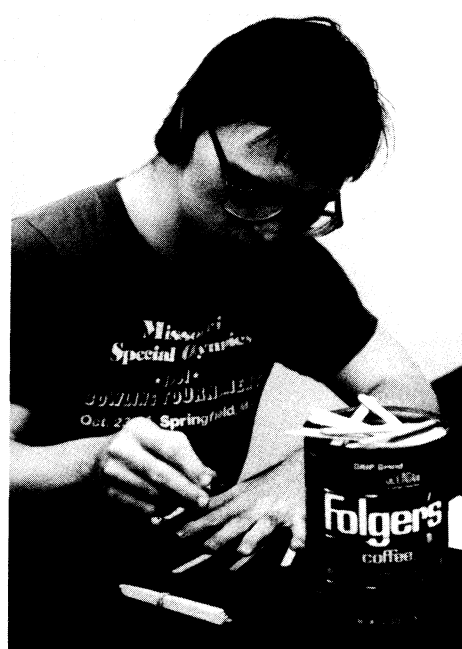
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The treatment process for mentally ill clients includes occupational therapy, aimed at expanding the clients' interests, activities, and talents. Here, occupational therapist Pat Phelix (right) assists a client with a crafts project.



Construction was begun in fiscal year 85 on Midland Habilitation Center (also pictured on the cover). The facility's 10 group homes will provide space for up to 80 developmentally disabled residents.



Many developmentally disabled Missourians receive services from agencies funded by a local tax levy and the Department of Mental Health. Voters in 62 counties and the city of St. Louis have passed such a levy to date.

Reflections on 1985

- *The promise of a thoroughly new or renovated physical plant emerges from the state bond issue for buildings.*
- *For the first time in five years, the department weathers an operating cycle with no major reduction of funds.*
- *A highly productive legislative session yields new safeguards for the public, more treatment options and strides in prevention.*

Legislative Action

Many pieces of legislation passed in 1985 were important to the effective operation of the Department of Mental Health. Following is a list describing some of the most significant pieces that relate to the department's three divisions.

Comprehensive Psychiatric Services

- Allowed guardians to commit individuals to mental health care facilities for up to 30 days. The former maximum commitment duration was seven days.
- Increased the number of mental health coordinators from 15 to 20 to improve geographic distribution of services.
- Made the department responsible for monitoring individuals on conditional release in communities.
- Consolidated the procedures and conditions for release of individuals judged not guilty by reason of mental disease or defect.
- Established time limits for commitment of individuals judged incompetent to stand trial. At the end of the elapsed time, the individual must either go back to trial, have the charges dropped, or be committed following a civil action.

Mental Retardation and Developmental Disabilities

- Enacted zoning changes to allow group homes with up to eight residents to be established in areas zoned for single-family dwellings.
- Established a genetic disease advisory commission to set up programs in genetics health administration, diagnosis, counseling treatment education and research. The law requires a Department of Mental Health liaison to the commission.

Alcohol and Drug Abuse

- Passed an involuntary treatment bill, which strengthens the clinician's ability to provide treatment. The legislation also allows for extended care, which has been proven to reduce incidences of relapse.
- Expanded insurance coverage to include non-hospital, residential or outpatient detoxification. Insurance companies that provide coverage for such treatment also must provide these treatment setting options.

Missouri Mental Health Commission

The Missouri Mental Health Commission makes major policy and budgetary decisions for the Missouri Department of Mental Health, including employment of the director. With the advice and consent of the Senate, the governor appoints the seven commissioners, who have expertise in such areas as medicine, community mental health, developmental disabilities, substance abuse and business.

The membership - 1985

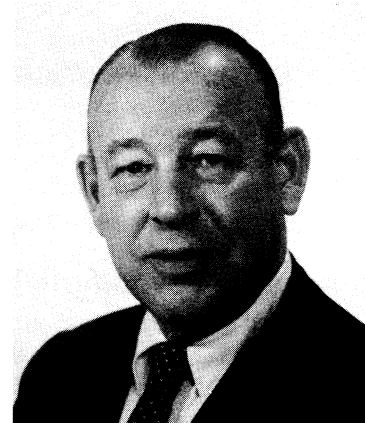


Margery N. Gantt

...Of Mexico, the commission chairman, has represented the interests of community-based mental health services since her appointment in August 1982. She has presided over the boards of the Mid-Missouri Arthritis Corp., Audrain County Human Development Corp., Mexico-Audrain County Library and Mexico-Audrain County League of Women Voters. Gantt has also served on the Fulton State Hospital Advisory Board, the First National Bank Board, the University of Missouri-Columbia Arthritis Advisory Board, the Governor's Task Force on Arthritis and the Mexico Community Chest. Her term on the commission expired in August 1985.

Nicholas V.V. Franchot III

...of Clayton, who joined the commission in 1982 to represent the interests of mentally-ill Missourians, served as the body's secretary for 1985. He has been president and chairman of the board for Christy Firebrick Co. for 20 of the 38 years that he has been with the firm. Franchot also has served on the board of the Alliance for the Mentally Ill's St. Louis chapter, and he was co-founder, vice-president and board member of Independence Center, a psychiatric rehabilitation facility in St. Louis. Franchot's commission term expires on June 28, 1986.

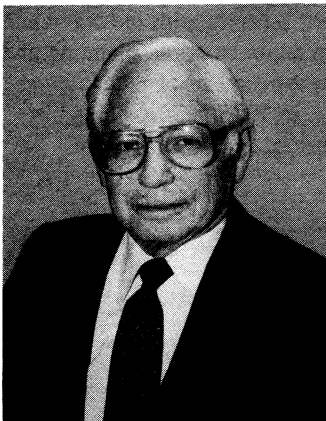


Dr. John A. Kline

...a Kirksville pathologist, occupies the commissioner's post reserved by law for physicians with interests in developmental disabilities. Kline chairs the pathology department at Grim Smith Hospital in Kirksville. He has served as professor and pathology department chairman at the Kirksville College of Osteopathic Medicine. As a commissioner, Kline has strongly promoted the development of a statewide prevention plan, which should take form during the coming year. Before joining the commission in 1982, he served on the Missouri Planning Council for Developmental Disabilities. Kline also was a charter member of the State Client Affairs Review Committee, which advises the department on patient rights. His term ends June 28, 1986.

Dr. William W. Clendenin

...a psychiatrist from St. Louis, was appointed to the commission in August 1983 to represent doctors concerned with mental illness. His practice specializes in stress management, alcohol and drug abuse rehabilitation and cognitive and behaviorally oriented psychotherapy. Clendenin also has served on the boards for Children's Home Society of Missouri and for Archway Communities, Inc. (a drug treatment facility), both since 1977. His commission term expires June 28, 1986.

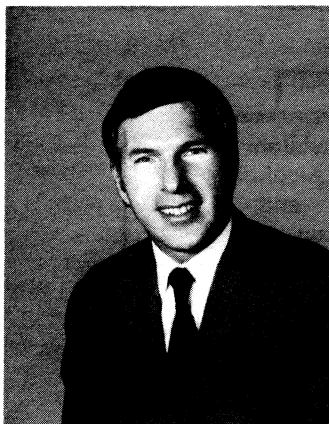
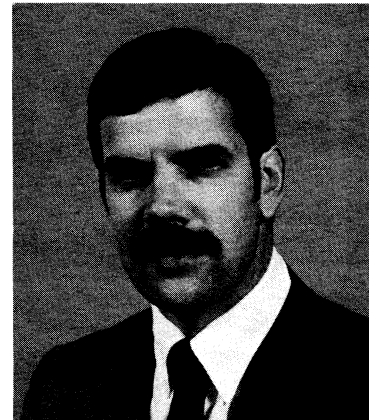


Herb Gross

...of St. Joseph, was appointed to the commission in August 1982 for his business management background. For the last 11 years, Gross has been vice-president of one of the largest and most noted headwear companies in the nation, Stetson Hat Co. Inc. In 1948, the graduate of Stanford and the University of Missouri moved to St. Joseph from the West Coast. Gross spent 25 years in insurance and realty businesses before joining Stetson. His commission term expired in August 1985.

Dr. Warford B. Johnson II

...a Columbia internist, represents the interests of alcohol and drug abuse treatment. Johnson has served as president of Southern Missouri Associated Internists Inc. and as medical director of the Lester E. Cox Medical Center's chemical abuse rehabilitation unit. A member of the Missouri State Medical Association's impaired physicians committee, Johnson also has served on the board of Presbyterian Children's Services Inc., including a term as president. His term expires on June 28, 1988.



Douglas Hall

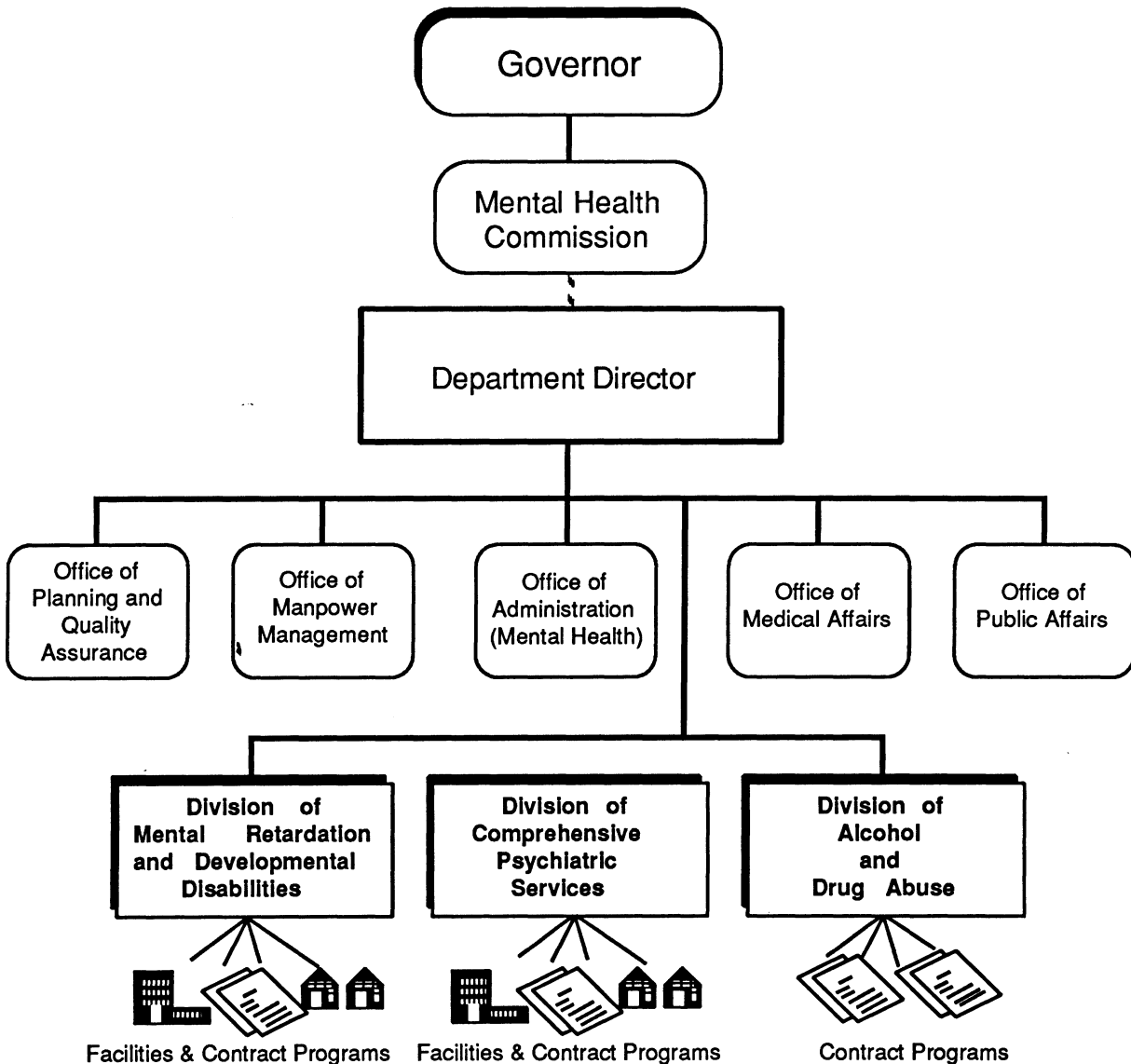
...of Raytown, represents the interests of consumers for developmental disabilities services. The former mayor of the city, Hall is president of Musselman and Hall Contractors. He has served as president of Community Mental Health Center-South's board of directors, president of the Mental Health Association of Jackson County, and president and founding chairman of the Learning Center for Special Children. His term expires on June 28, 1988.

Missouri Department of Mental Health

Established in 1974, but with functions dating back to 1847, the Missouri Department of Mental Health has three statutory duties: prevention of mental disorders, developmental disabilities and substance abuse; the treatment, habilitation and rehabilitation of Missourians with those conditions; and public education about these disabilities. The department is divided into three operating divisions to provide services and five staff offices that support these functions. The department operates 28 facilities, contracts with more than 1,000 private agencies for care and employs more than 10,500 workers.



Paul R. Ahr, Ph.D., M.P.A., a 40-year-old clinical psychologist, has directed the Department of Mental Health since September 1979. A graduate of the University of Notre Dame, Ahr received his doctoral degree in clinical psychology in 1971 from Catholic University of Washington, D.C. Later he added a post-doctoral fellowship from Harvard Medical School and a master's degree in public administration from the University of Southern California. Beyond government services with the Navy and in Virginia and Missouri, he has taught health and public administration, planning and psychology at seven universities. Ahr is immediate past-president of the National Association of State Mental Health Program Directors. In 1985 he also served as vice chairman of the Missouri Children's Services Commission.



Office of Planning & Quality Assurance

Lois Pokorny, Ph.D., the deputy director for planning and quality assurance, directs an office that supervises regional and statewide planning; evaluates and researches mental health issues; and conducts licensure and certification of almost 1,000 private residential and day programs for developmentally disabled and mentally disordered persons.

The Bureau of Planning works with a network of 23 regional and three statewide citizens advisory councils to develop plans that describe immediate and long-term service needs of mentally disordered, developmentally disabled and chemically dependent Missourians. Through work with the planning office and the three operating divisions, the Missouri Advisory Council on Alcohol and Drug Abuse, the Missouri Advisory Council on Comprehensive Psychiatric Services and the Missouri Planning Council for Developmental Disabilities ensure grassroots participation in department programming and budget requests.

The Bureau of Evaluation has the responsibility for conducting program evaluation and research on a systemwide basis. In its work with the divisions, the bureau addresses such issues as assessing clients' need for care, determining the effectiveness of programs, and tracking the provision of services. These activities are designed to provide the information that department administrators and staff need to make sound management and programmatic decisions.

The Bureau of Licensure and Certification, which operates offices in St. Louis and Kansas City, annually surveys and licenses private residential and day programs for mentally disordered and developmentally disabled persons. These agencies must receive a state license to operate in Missouri. In fiscal 86, the bureau will begin certifying such developmental disabilities day programs; certification will authorize these program operators to contract with the state to provide public services.

Office of Manpower Management

This office takes on the central personnel responsibilities for the department, which is not only state government's largest employer, but ranks among the top five employers in the state, public or private.

Reginald Turnbull, the deputy director for manpower management, has the responsibility of supplying administrators with the resources to recruit, develop and retain qualified employees who are vital in providing high-quality services to Missouri's disabled citizens.

The Bureau of Manpower Analysis develops and maintains an automated management information system on staff assignments, conducts productivity improvement projects and analyzes sick leave use and reasons for leaving department employment.

The Bureau of Employee Relations develops and monitors implementation of annual affirmative action plans, coordinates and handles union and other employee grievances and

administers a contract compliance program to meet state and federal civil rights requirements for more than 2,000 department vendors.

The Bureau of Personnel is responsible for the coordination and administration of labor relations, personnel policies and regulations and merit system rules and procedures for the recruitment and retention of facility employees and volunteers.

The Bureau of Staff Development, which begins operations in fiscal 1986, will coordinate staff development and training to meet current and projected client-service and operating needs.

Office of Administration

David Roberts, the deputy director for administration, heads an operation that provides technical and fiscal assistance throughout the agency. For example, the office will work with the Missouri Division of Design and Construction to ensure that \$100 million in department building projects — made possible by the state bond issue — will take shape in accordance with program needs. Also included in his purview are services contract management; dietary services coordination; budgeting; accounting; internal auditing; data processing; and collections and non-appropriated funds management.

Office of Public Affairs

Responsibility for department communications, publications and media relations rests in this office, headed in FY 85 by Randy McConnell, deputy director for public affairs.

The purpose of the Office of Public Affairs is to increase understanding of the department's services among the general public and, more specifically, among those Missourians who require the department's services.

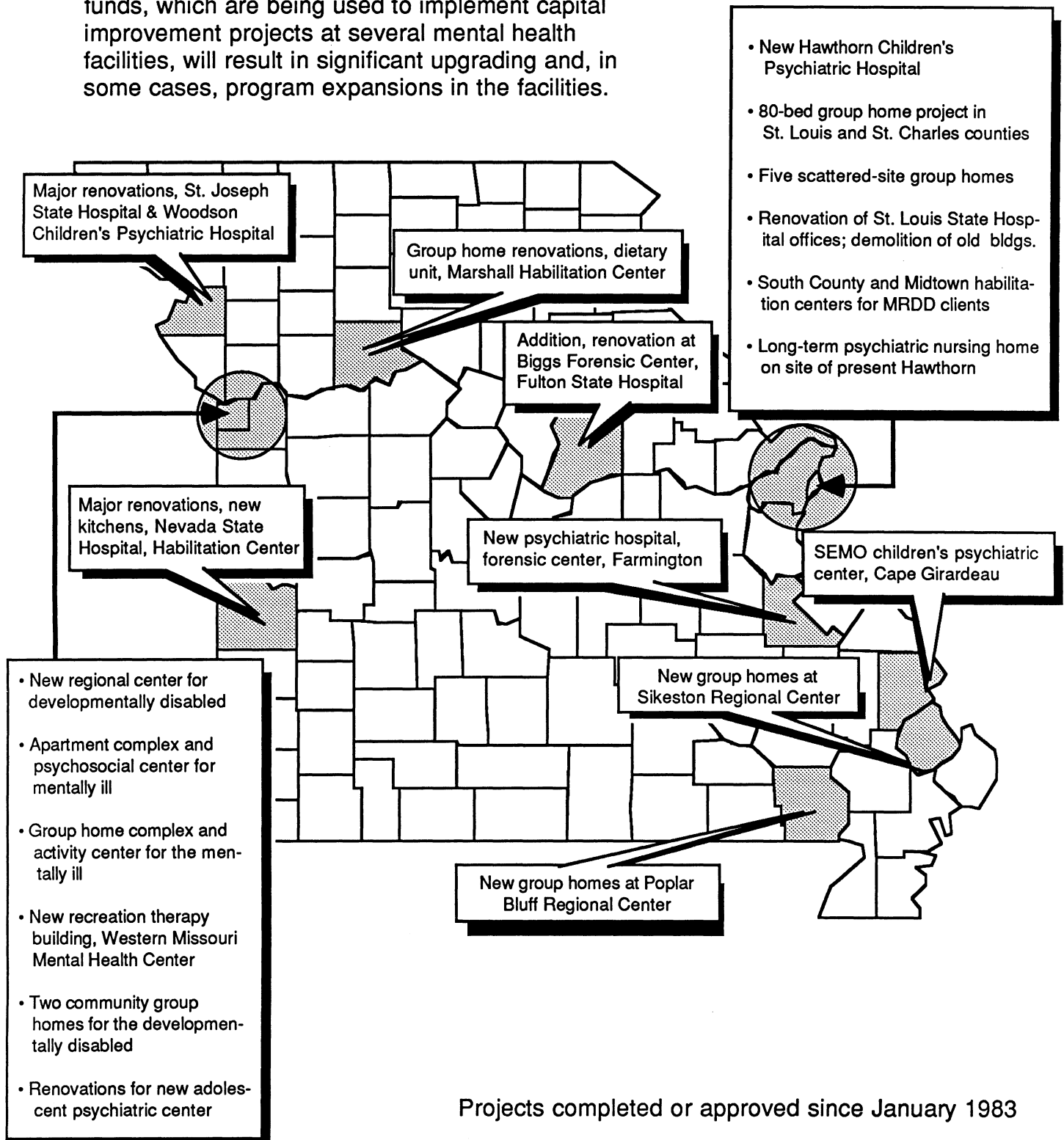
The office publishes a magazine, newsletters and other materials, and provides support services and technical assistance to the department's divisions, offices and facilities.

Office of Medical Affairs

The Office of Medical Affairs oversees the provision of specialized medical services in department facilities and contract programs as well as infection control programs such as that for hepatitis B, which has received national recognition. This office oversees the credentialing of physicians in the department.

Dr. Jon Paul Schrage serves as the deputy director for medical affairs. He also is the medical consultant for all department drug and alcohol programs.

In 1985, the Department of Mental Health received its final installment of funds from the state's \$600 million bond issue, passed in 1982. The bond funds, which are being used to implement capital improvement projects at several mental health facilities, will result in significant upgrading and, in some cases, program expansions in the facilities.



Fulton State Hospital

The sprawling complex at Fulton, the state's largest state hospital, benefits from \$13.6 million in bond funds, mainly for renovation and additions to the areas for forensic clients.

The Biggs Forensic Center, the state's only maximum-security hospital for patients referred by the criminal courts, earlier was renovated and air-conditioned on its three lower floors under the terms of a federal court order.

The bond issue will provide \$4 million to fund an overhaul of the final floor, which houses patients awaiting pre-trial evaluation, and upgrade the entire building to standards required by the Joint Commission on the Accreditation of Hospitals.

In an innovative joint project, the department and the Missouri Department of Corrections and Human Resources will build a \$5.9 million, 80-bed addition to the Biggs Center to be staffed by the Department of Mental Health.

A court order limiting admissions to Biggs has created a backlog of clients, who usually wait in local jails until space becomes available. The corrections system also had too few resources to provide maximum-security care for prisoners needing psychiatric treatment.

Funding previously received from the bond issue — \$744,000 — allowed Fulton to renovate the Cremer Forensic Center, a 60-bed facility for former Biggs patients who need increasingly less supervision as they progress toward discharge.

Reorganization and redesign of the campus also allowed the hospital to move all patients into modern treatment facilities and use a portion of the bond issue funds to demolish three sets of antiquated buildings.

Finally, Fulton received almost \$6 million in maintenance and repair funds, which allowed reroofing of most of the campus, among other projects.

St. Joseph State Hospital

The \$8.6 million allocated for St. Joseph should leave the hospital's physical plant in adequate condition to pass the scrutiny of the Joint Commission on Accreditation of Hospitals.

A progressive program to upgrade the facility was accelerated when the Missouri General Assembly approved more than \$4 million to renovate the Buchanan Building to provide 90 beds and activity space for adult psychiatric patients.

The building is the last structure in need of substantial renovations to meet contemporary standards.

The hospital has used almost \$4.4 million in maintenance funds under the bond issue for projects including a program to re-roof, tuckpoint, waterproof and replace all windows in campus buildings.

Another portion covered replacement of water and steam utility lines that were 50 to 80 years old.

Farmington State Hospital

Once a bustling hospital with more than 2,000 psychiatric patients in the 1950s — more than 300 today — Farmington will use a major part of its \$17.1 million in bond issue funds to build a nationally accredited replacement facility of only 170 beds.

The new \$12.2 million hospital will have 130 beds while five state-operated group homes on the grounds will house another 40 patients.

The department will absorb the lost capacity through patient transfers to St. Louis and contracts for acute psychiatric care with private centers throughout southeast Missouri.

Another \$1.4 million will be used to convert the hospital's Receiving Building to an 89-bed forensic center for male and female patients who need secured treatment under criminal court orders. The opening of the center will make available the first such specialized care for women in Missouri.

Farmington also received \$3.5 million for a major boiler project that will provide power for the new center, and the 1,100-bed prison that the state will open on the old hospital's grounds.

Nevada State Hospital

Nevada will use its bond issue funds to open a completely renovated hospital to serve southwest Missouri. The renovation will allow the facility to meet Joint Commission on the Accreditation of Hospitals standards.

More than \$4 million is available now to remodel the Rush and Section IV buildings, which are the only two patient-care structures. Those buildings earlier were air-conditioned using proceeds from the bond issue.

The hospital's patients will also benefit from the campus' new kitchens, which were funded using appropriations to the adjacent Nevada Habilitation Center.

St. Louis State Hospital

The face of St. Louis State Hospital will change dramatically, especially with the demolition of the old east wing of the Main Building.

Eventually, the west wing will be razed, while the center section will become an administrative center, which will be renovated and air-conditioned using \$4 million in bond issue funds. The historic center section already had gained financing for the renovation of its auditorium into an activity center for patients.

The final arrangements will provide for patient housing in the more modern Kohler Building.

Of equal significance to the hospital has been the \$7.1 million in bond issue proceeds available for maintenance and repair of the complex.

The funding has supported a mammoth program of fire and safety improvements, elevator and boiler replacements and \$1.9 million in energy conservation measures.

Hawthorn Children's Psychiatric Hosp.

The four-year-old Hawthorn facility will move off the grounds of its parent institution, St. Louis State, into a new \$6.9 million structure elsewhere in the greater metropolitan area.

The new 60-bed facility will have not only a hospital for intensive care, but also a less expensive residential treatment center for youth who need a structured program without substantial nursing care.

The department's plans for the old Hawthorn complex involve the establishment of the state's first specialized psychiatric nursing home for patients currently in restrictive and expensive hospital settings. Patient transfers to the nursing home will allow the demolition of another wing of St. Louis State Hospital's Main Building.

Woodson Children's Psychiatric Hosp.

The completion of this St. Joseph facility's final renovation project allowed it to begin operating at its full 56-bed capacity in mid-1985.

The \$1 million renovation program, funded by the bond issue, makes space available for a less-intensive 24-bed residential treatment center for aggressive children and youth.

Western Missouri M.H.C.

Western Missouri Mental Health Center in Kansas City will use a portion of its bond issue funds to expand its therapeutic offerings with new services for children.

Western Missouri will inherit the current, adjacent Kansas City Regional Center's headquarters and convert it into a psychiatric residential treatment center for adolescents. Conversion costs will be less than \$800,000.

Also funded is a new \$1.4 million recreation therapy building for the center. The new building will provide intermediate and transitional care for children and adults throughout the metropolitan area.

In addition to the expansions at the Kansas City facility, the final installment of the bond issue makes possible the construction of a number of community psychiatric facilities in other parts of Jackson County. These facilities may serve as models for other agencies.

While the department historically has relied on private agencies to develop community residential facilities and has subsidized the cost of care in the placement program, the Jackson County projects allow the department to provide specialized services that are not available elsewhere.

These projects may open new opportunities for clients who have faced housing scarcity because of zoning restrictions, rejection by other providers or simply the general lack of suitable community-based residential treatment.

Estimated at \$3.9 million is a complex of five eight-bed group homes clustered around a program center, patterned on a successful residential model for developmental disability services. Possibilities for the complex include structured living for such groups as aggressive youth and forensic clients who have been difficult to place outside department hospitals.

Serving a similar purpose, a \$2 million supervised apartment building is planned with space for houseparents, psychosocial rehabilitation and occupational training.

The Bond Issue

Developmental Disabilities

St. Louis DDTC

The bond issue has funded the final phase of moving St. Louis Developmental Disabilities Treatment Center off the grounds of St. Louis State Hospital, which had been a temporary home since 1974.

Under construction is a \$12.4 million package of new facilities that stand in contrast to the institutional settings provided in state hospital buildings.

The projects funded by the bonds include two 80-bed complexes, each with 10 group homes clustered about a central program center. The sites are located in northwest St. Louis County and in St. Charles County.

The final transfer into the community also involves the purchase of five eight-bed group homes scattered throughout the metropolitan area.

In the initial stages of moving the 300 developmentally disabled clients out of the state hospital, the department opened the 72-bed South County Habilitation Center – a facility similar in design to the new projects. Also established was Midtown Habilitation Center, a 46-bed institutional-style facility for clients with physical problems.

The South County facility, in particular, already is demonstrating that these more normalized settings are producing dramatic improvements in behavior and progress toward less-restrictive living arrangements.

Nevada Habilitation Center

Although Nevada had received new kitchen equipment, the funding for construction of the new galley across the campus had not been allocated.

Now, \$1.1 million in bond issue proceeds will underwrite that major renovation project and modernize food management on the campus, which serves more than 400 mentally retarded persons as well as 150 psychiatric clients in the adjacent state hospital.

The center also will benefit from the major improvements made possible by \$6.8 million for maintenance and repair.

Marshall Habilitation Center

Courtesy of the bond issue, Marshall soon will have a modern food management system for its residential facilities.

The center has received \$3.1 million for the design and construction of a new dietary facility. The new facility replaces one based on the obsolete principle of mass dining in favor of decentralized service that more closely approximates a homelike environment.

The bond issue also provided \$7.6 million for maintenance and repair, including vital fire and safety improvements.

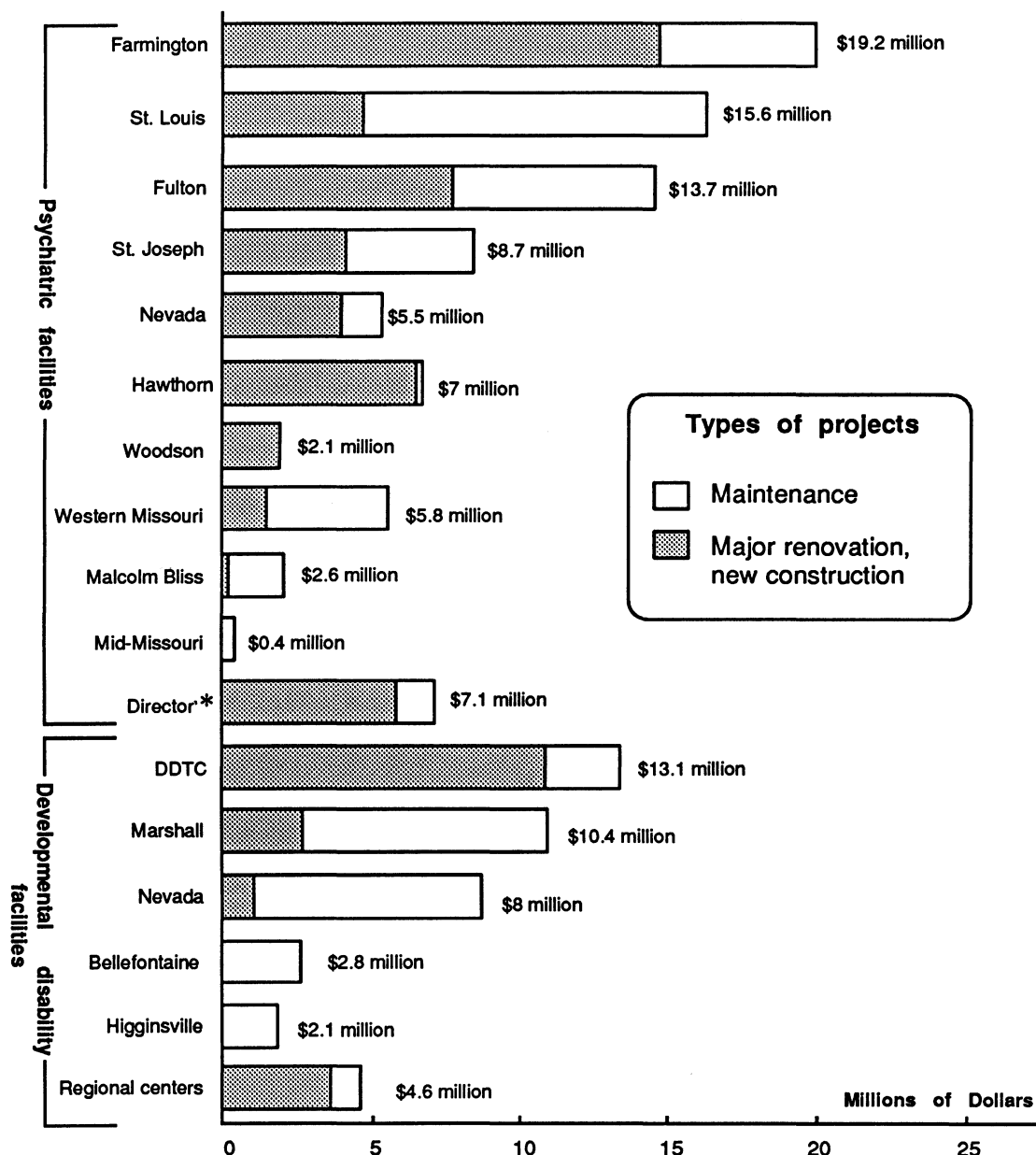
Regional Centers

Regional centers received \$4 million in bond proceeds for repair projects, with \$2.9 million going to the Kansas City Regional Center for a new administrative facility off the grounds of Western Missouri Mental Health Center.

The current facility has an eight-bed, short-term residential area, but the new regional center will provide only office space for staff who provide diagnostic evaluations, financial support and monitoring for Kansas City-area clients.

Accompanying the new center, however, are two state-operated group homes, one of which may provide short-term respite care for persons who formerly used the regional center. At a cost of \$533,000, the homes offer an opportunity for the department to serve special populations, such as behaviorally disordered and developmentally disabled persons, who have fewer options for community living.

The Bond Issue *Distribution of funds among facilities*



* Includes funds for community psychiatric facilities in Jackson County and demolition at several sites

Comprehensive Psychiatric Services

Robert S. Jones, M.D., Director

Mission

The Division of Comprehensive Psychiatric Services funds or provides inpatient, outpatient, follow-up and long-term psychiatric care to Missourians. An estimated 15 percent, or 738,000 Missourians, suffers from mental illness or disorders during any six-month period, although some national studies peg the figure at 20 percent. The division limits its target population to the projected 86,000 Missourians who have limited financial resources, but face chronic mental illness, require treatment ordered by the civil and criminal courts or suffer with the most serious mental illnesses, including schizophrenia and profound depression.

Clients

The division experienced an 11.7-percent increase in the number of persons seeking services, with most seeking outpatient care. Of the 64,411 clients served, only 3,871 received inpatient hospital care; 5,087 benefited from residential treatment in community placement facilities; and the remaining 86 percent received outpatient care. State-operated facilities provided care for slightly more than 41 percent of all clients; the rest were served under state contracts with private community mental health centers, counseling agencies and residential centers.

Funding

Accounting for half of the department's total budget, the division's \$125 million in appropriations for fiscal year 85 came largely from state general revenue. Nearly \$98 million was spent to provide services through the 11 facilities operated directly by the division and to employ 5,680 workers statewide. Almost 11 percent, or \$13.3 million, was used to purchase psychiatric services from private vendors; the remaining \$13.2 million subsidized 4,462 clients placed in long-term care facilities in the community.

Programs

The division funds three main models of service delivery — general adult, children and forensic — through its five state hospitals, two children's hospitals, four state-operated community mental health agencies and contracts with hundreds of private mental health centers and residential facilities. All services are designed to provide individualized treatment in the least restrictive environment available.

The following services are included in the general adult model:

- **Inpatient care.** Adults may require acute hospital care of 30 days or less, intermediate care of 90 days or less, extended inpatient services or geriatric programs for persons aged 65 or older with long-term needs. While most of these services are provided by state facilities, the division does purchase limited amounts of acute care services in less-accessible areas of Missouri.

- **"Ambulatory" or outpatient services.** Clients with less-intensive needs benefit from outpatient services — counseling, medication checks, information, referral and screening — and day treatment services, which provide alternatives to expensive inpatient treatment. While all state facilities offer these services for nearby residents, the division relies heavily on 17 private, not-for-profit agencies to serve the bulk of these clients.

- **Residential, non-hospital programs.** Many post-hospital clients still need structured residential treatment or transitional living programs offered through supervised apartment living, psychiatric group homes, residential care facilities or nursing homes. Virtually all these services are provided under contracts through the community placement program.

While children have many of these same service needs, they also require small residential treatment centers, specialized group homes and foster-home care.

Forensic clients, who have been referred from the state's criminal courts, need many of the services provided in the adult services model. But they also require pre-trial evaluations and specialized programs in secured settings.

Major accomplishments — 1985

Accreditation

The division continued its steady progress toward system-wide accreditation when Woodson Children's Psychiatric Hospital in St. Joseph won the approval of the Joint Commission on the Accreditation of Hospitals. The decision also qualifies Woodson services for federal reimbursement under the Medicaid program for eligible clients.

Difficult-to-place adolescents

Gemini Village, the state's first specialized residential unit for adolescents who have both psychiatric disorders and developmental disabilities, opened at Western Missouri Mental Health Center in Kansas City on April 1. Beginning operations in greater St. Louis were two interagency teams to diagnose and find suitable services for the most seriously impaired children, who often need specialized care from more than one agency.

Community placement

The division began a series of management improvements and increased monitoring for the placement program, which has grown rapidly since its inception in 1959 as a nursing home alternative for former hospital patients. Of

special note is the community placement model for a continuum of care the agency completed. The model formally describes available services and sets uniform entry and exit criteria for each type. The division also moved toward greater equity by setting a per-capita allocation formula for placement funding.

Forensic examinations

The division issued criteria for mental health professionals who perform pre-trial evaluations and established a certification system to assure minimum standards.

Ambulatory programs

The division was able to increase allocations, especially to the most poorly funded service areas, so that all except one was raised to a minimum of \$2.37 per capita. The remaining service area — St. Louis County, the state's most populous — nevertheless increased allocations from \$1 to \$1.70. Based on advisory council approval of the report by the Committee on the Future of Mental Health Services in the Eastern Region report, the division adopted a funding formula that should gradually raise state aid to minimum acceptable levels, including consideration of local poverty rates.

Major plans — 1986

Accreditation

With state building bonds available to revamp its remaining substandard physical plant, the division will seek Joint Commission on Accreditation of Hospitals' approval of all its facilities. Only Farmington, Nevada and St. Joseph state hospitals are not yet accredited.

Children's services

The department and Southeast Missouri State University will begin work on a new 40-bed children's residential treatment center in Cape Girardeau. Woodson children's hospital will open a new 24-bed residential center in St. Joseph. Hawthorn children's hospital will open a day hospital program in conjunction with the Special School District of St. Louis County. The division will make a Fulton State Hospital building available to the Division of Youth Services as a residential center for committed youths with severe emotional problems.

Education

The division will work to help implement an attorney general's opinion that requires local school districts and the

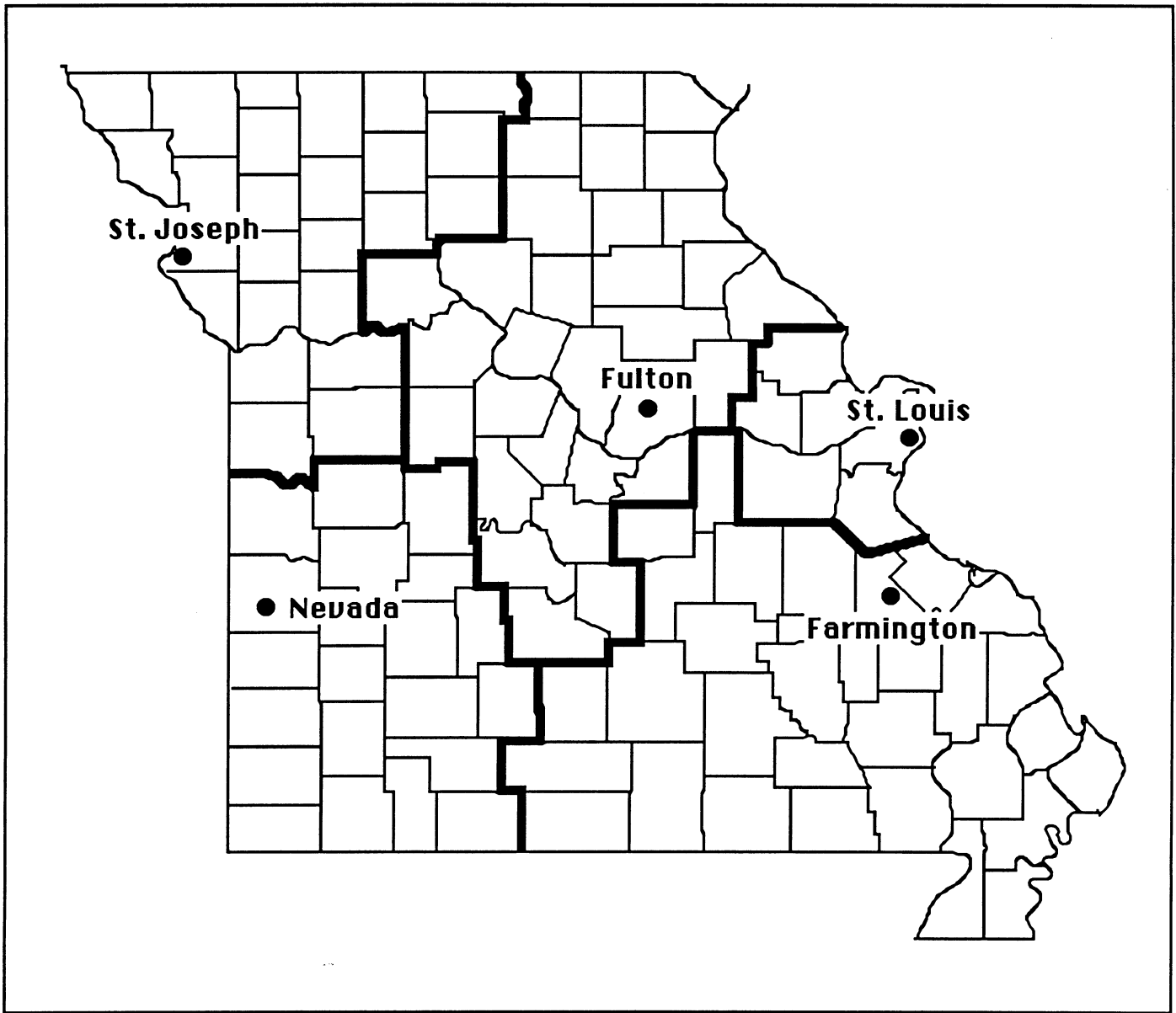
Missouri Department of Elementary and Secondary Education to assume responsibility for the education of all but the most impaired children in state residential facilities.

Outpatient services

All 26 of the state's service areas will offer day treatment services for the first time. The department also will begin certifying outpatient programs and services that qualify for state contracts based on standard criteria. The division, working with the Office of Manpower Management, will develop staffing standards for these programs, both state-operated and private. The division also will develop certification standards for day treatment programs.

Community placement

The initiative to provide more uniformity in management will continue with the establishment of audit criteria for providers, development of certification standards for residential programs and development of standardized admission criteria for each program.



State psychiatric hospitals

Fulton State Hospital

Authorized in 1847 and opened in 1851, Fulton State Hospital is the oldest public mental health facility west of the Mississippi River. The 558-bed hospital provides inpatient adult psychiatric services, including long-term care, for a 31-county area in the state's northeast quadrant.

Twenty beds in the hospital's Warren E. Hearnese Youth Center also offer evaluation and intermediate hospital care for children and adolescents from 47 counties, in conjunction with Mid-Missouri Mental Health Center. A community placement office monitors care provided in private facilities for former hospital patients, and an outpatient program provides care for area residents.

The hospital received approval of the Joint Commission on Accreditation of Hospitals in 1984, and part of the facility is certified to obtain federal reimbursement for the state under the Medicaid and Medicare programs for eligible clients.

Fulton operates a well-known forensic program, including Missouri's only maximum-security hospital for males committed by the criminal courts for psychiatric treatment. The 215-bed Biggs Forensic Center also provides pre-trial evaluation for persons who need maximum-security settings. The 45-bed Cremer Forensic Center offers a minimum-security environment that allows former Biggs patients to progress gradually toward increased liberty.

The Fulton facility recently has entered into a training affiliation agreement with the University of Missouri-Columbia School of Medicine's psychiatry department.

St. Joseph State Hospital

With 333 beds, 106-year-old St. Joseph State Hospital serves as the primary inpatient psychiatric center for 18 counties in northwest Missouri, and provides long-term care for residents of greater Kansas City as well.

The hospital provides adult general psychiatric care and specialized programs in alcohol and drug abuse, geriatrics and vocational rehabilitation. A portion of the hospital has been certified for federal reimbursement of care costs under the Medicare and Medicaid programs.

An outpatient clinic provides followup care for former hospital clients, many of whom move into residential treatment sites such as group homes monitored and funded by the hospital's community placement program.

The hospital has developed several specialized units in education and vocational rehabilitation. The facility provides training for physicians under an agreement with Kirksville College of Osteopathic Medicine.

Farmington State Hospital

Farmington State Hospital, which began operations in 1903 and once housed more than 2,000 patients, serves a 31-county area in southeast and south-central Missouri with its current 350-bed capacity. The hospital, however, is undergoing a period of rapid change.

In 1984, the Missouri General Assembly approved the conversion of most of the current hospital into a medium-security prison operated by the Missouri Department of

Corrections and Human Resources. The legislature also agreed to construct a new 170-bed psychiatric center in Farmington that will provide state-of-the-art treatment facilities, including the capacity for 40 clients in the first state-operated psychiatric group homes.

This new facility should open by early 1987 as the new Southeast Missouri Mental Health Center. To make up for the reduced capacity of the new hospital, patients will be transferred to St. Louis State Hospital. The Department of Mental Health also will contract with other private centers in southeast Missouri to provide short-term hospital care close to patients' homes, families and jobs that will supplement Farmington's capacity.

Included in the conversion scenario is a plan that the Department of Mental Health, under contract, will staff a 200-bed medium-security psychiatric center for prison inmates on the former hospital's grounds. The new center should fill the current gap in services for corrections clients between outpatient care at other corrections centers and the maximum-security services available in Jefferson City and Fulton.

The Department of Mental Health also will open a minimum-security unit for 89 patients referred by the criminal courts for psychiatric treatment.

St. Louis State Hospital

Originally a city-owned facility founded in 1869, St. Louis State Hospital came under state control in 1948. The 475-bed hospital provides the principal source of long-term care for chronically mentally ill persons from St. Louis City and the counties of St. Louis, Jefferson, Franklin, St. Charles, Warren and Lincoln.

Complementing the long-term program is a community placement office that funds and monitors residential treatment services for former hospital patients throughout the region.

St. Louis State Hospital also provides acute or short-term inpatient care for residents of the city's southwest sector, St. Louis County and Jefferson County. The hospital's outpatient clinic serves that segment of St. Louis City.

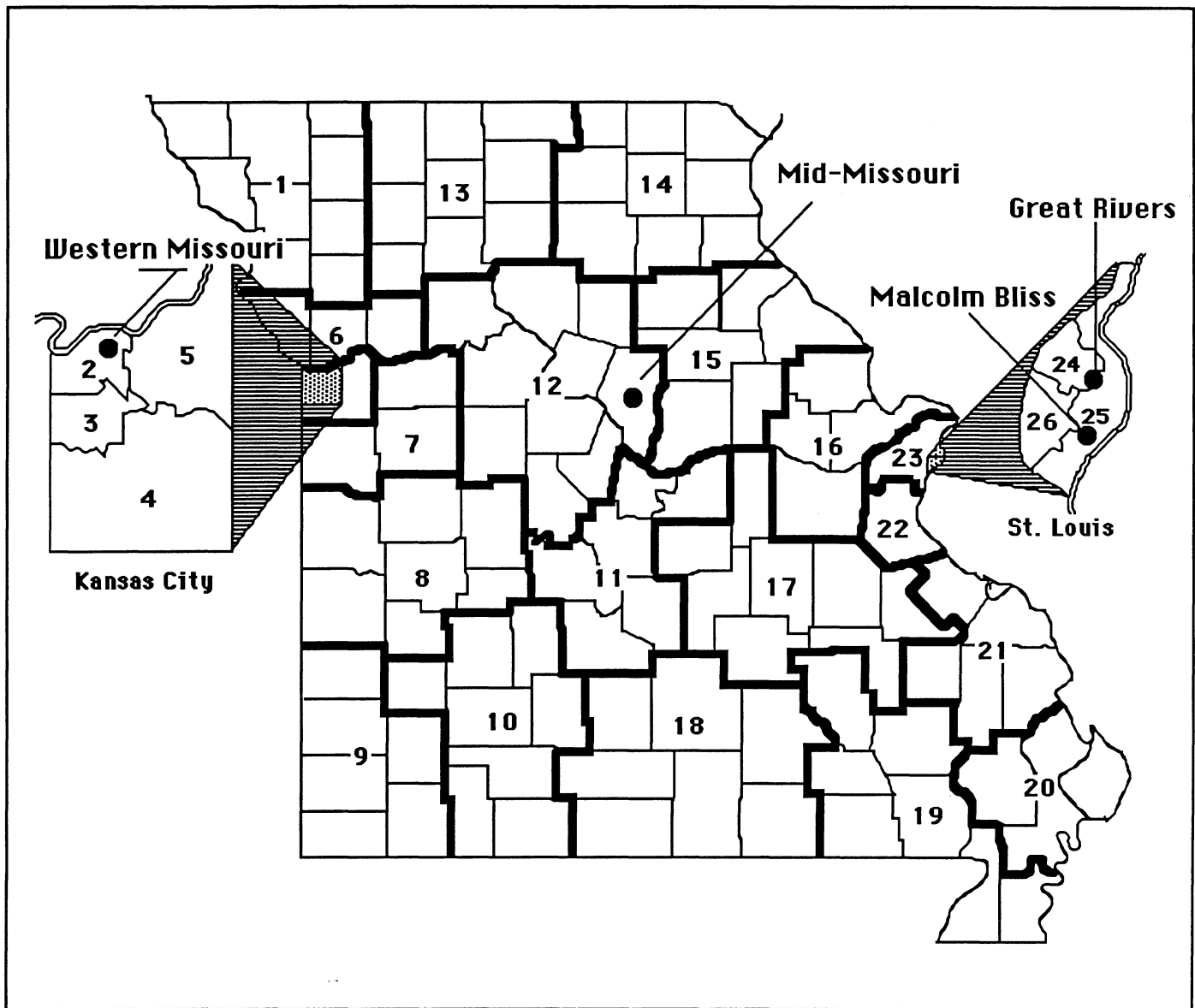
In 1984, the facility gained approval from the Joint Commission on Accreditation of Hospitals. A portion of the hospital has been certified for federal reimbursement under the Medicaid and Medicare programs.

The hospital provides administrative and technical support for several other department facilities in the area, and the department's central computers are located on the grounds.

Nevada State Hospital

Founded in 1886, Nevada State Hospital provides inpatient psychiatric care for residents of 21 southwest Missouri counties and outpatient services for a smaller area of west-central Missouri.

Besides its 40 acute and 105 long-term beds, the hospital also operates a 10-bed alcohol and drug abuse program for Missourians who will require lengthy domiciliary care. The hospital's community placement program monitors and funds residential treatment services for former hospital patients.



Community mental health

Malcolm Bliss MHC

Malcolm Bliss Mental Health Center, located in central St. Louis, was founded by the city in 1938 and transferred to the state in 1964. As in the state's other community mental health centers, Malcolm Bliss provides outpatient and short-term inpatient care that will avert long-term hospitalization.

Malcolm Bliss operates a 130-bed acute-care unit that serves central and northern St. Louis and the counties of St. Charles, Lincoln, Warren and Franklin. Another 20 beds provide forensic psychiatric services for patients referred by the criminal courts in St. Louis and six counties.

The Joint Commission on Accreditation of Hospitals has approved Malcolm Bliss, and its entire inpatient program qualifies for federal reimbursements under the Medicare and Medicaid programs when patients are eligible for benefits.

The center operates a 24-hour emergency room for the entire city, and a day drop-in center functions as part of the department's services to the homeless and chronically mentally ill. The outpatient program serves residents of central St. Louis.

Active programs are maintained in research and evaluation, staff development and training.

The center and the Washington University School of Medicine have a combined residency training program for psychiatrists approved by the American Medical Association. A clinical clerkship is provided for medical students. Students specializing in psychology, social work, nursing and occupational therapy can gain clinical experience at the center.

Mid-Missouri MHC

Mid-Missouri Mental Health Center was dedicated in 1967 as the first comprehensive center in the nation to receive federal funding under the Community Mental Health Centers Act of 1963 – the catalyst for the growth of community rather than large institutional programs for the mentally ill.

The center has three principal functions: inpatient care for children and adults in central Missouri, outpatient care for a 10-county area, and education of professionals in mental health-related fields in conjunction with the University of Missouri-Columbia.

The Joint Commission on the Accreditation of Hospitals has approved the center, and a portion of the center's 75 beds has been certified for federal reimbursement under the Medicaid and Medicare programs.

For outpatients, the center operates clinics in each of the 10 west-central counties served. Adult inpatient care for residents of these areas usually is limited to intensive treatment of one month or less in the 34-bed unit.

Mid-Missouri Mental Health Center shares responsibility with Fulton State Hospital for inpatient services to children and adolescents from a 47-county area through the center of the state. The center staffs 13 beds for children.

The center also operates a 24-hour emergency room, partial hospitalization programs, a 28-bed residential treatment program for alcohol and drug abuse, aftercare for former hospital patients living in the community, and consultation, prevention and education services.

A wide range of research takes place to enhance the clinical care provided by the center.

Western Missouri MHC

Western Missouri Mental Health Center opened in 1967 after legislation authorized state operation of three community mental health centers in St. Louis, Columbia and Kansas City. Western Missouri assimilated Kansas City's Psychiatric Receiving Center three years later.

The 223-bed center's inpatient units for acute and intermediate care serve greater Kansas City, including the counties of Jackson, Johnson, Cass, Lafayette, Clay, Platte and Ray. Western Missouri has capacity for 96 short-term treatment beds and 82 intermediate-care beds, where clients may stay as long as six months. A new transitional living unit in the center's Felix Building helps patients make the move from hospital to community life.

The center also can serve up to 45 area children and adolescents in inpatient programs that include activity, peer group and family therapy. That capacity includes the state's first program, opened in 1985, for children and adolescents who have a dual diagnosis of mental retardation and mental disorder.

The center has the only community placement office outside the five state mental hospitals, allowing direct placement of clients from intermediate hospital care into structured, less expensive community alternatives.

The facility is accredited by the Joint Commission on the Accreditation of Hospitals, and most of the center's beds have been certified for federal reimbursements under the Medicaid and Medicare programs.

Beyond its inpatient capacity, Western Missouri serves as a comprehensive community mental health center for outpatients from the inner city of Kansas City.

Through affiliations with several academic institutions, including the University of Missouri-Kansas City, Western Missouri provides training for students in psychiatry, clinical psychology, psychiatric social work, psychiatric nursing and activity therapy.

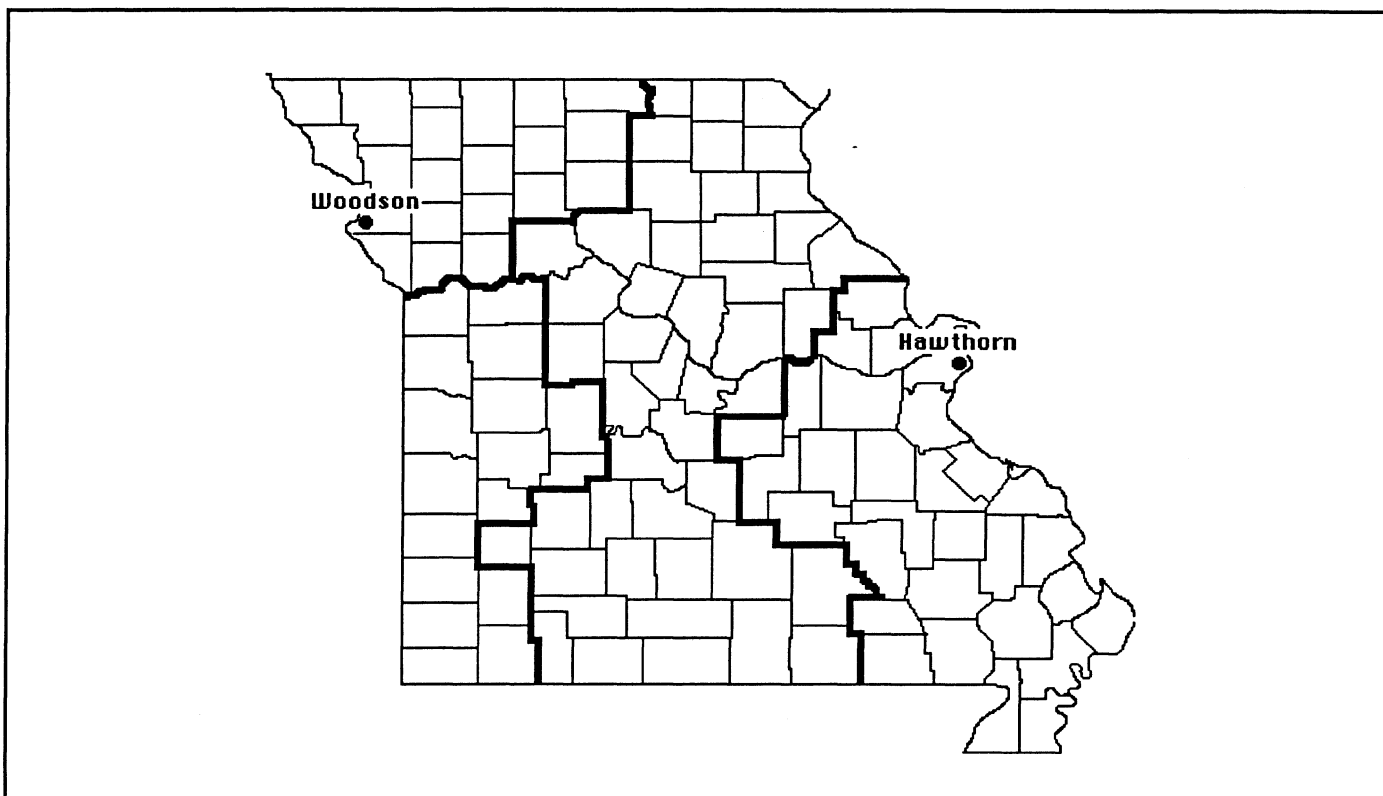
Great Rivers MH Services

Great Rivers Mental Health Services opened in 1983 as a prototype outpatient diagnostic and referral center serving the almost one million residents of St. Louis County.

Great Rivers replaced a former outpatient clinic operated by St. Louis State Hospital. The agency gradually is converting its caseload, composed primarily of former hospital patients, from the direct services previously offered.

Great Rivers increasingly will provide only the diagnostic and referral services for mentally ill and emotionally disturbed St. Louis Countians. The agency then will contract with private practitioners in the county to provide therapy and other needed services; the state will subsidize only what the client cannot afford.

This contracting mechanism ensures that Great Rivers and the client receive the maximum benefit for their resources. In the private-practice setting, clients also do not suffer from the stigma often attached to public mental health consumers.



Children's psychiatric hospitals

Hawthorn Children's Psychiatric Hospital

Hawthorn provides inpatient services for emotionally disturbed children and adolescents, aged 6 to 18, in 31 counties of eastern and southeastern Missouri.

Hawthorn, located on the grounds of St. Louis State Hospital, was established as a freestanding facility in 1981 after serving previously as the state hospital's youth center. The Joint Commission on Accreditation of Hospitals has approved the facility, which also gains Medicaid and Medicare reimbursement for eligible clients.

The children's hospital has 50 inpatient beds arranged in small separate living units for various age groups. The youth are assessed and provided comprehensive services addressing their psychiatric, psychological, social, educational, vocational and recreational needs.

The hospital provides clients with basic job skills in three pre-vocational learning centers — auto services, food service and construction trades — to help clients function as independently as possible when they return to their communities.

Hawthorn also operates outpatient and day hospital programs for children and families residing in St. Louis City and St. Louis County. Diagnostic and treatment services are available through the juvenile courts, and therapy is provided to child victims of crime through a joint program with the St. Louis City circuit attorney's office.

The hospital maintains a close relationship with the Washington University medical school's child psychiatry

fellowship training program. Other academic training programs place their students in nursing, social work, special education and psychology at Hawthorn.

Woodson Children's Psychiatric Hospital

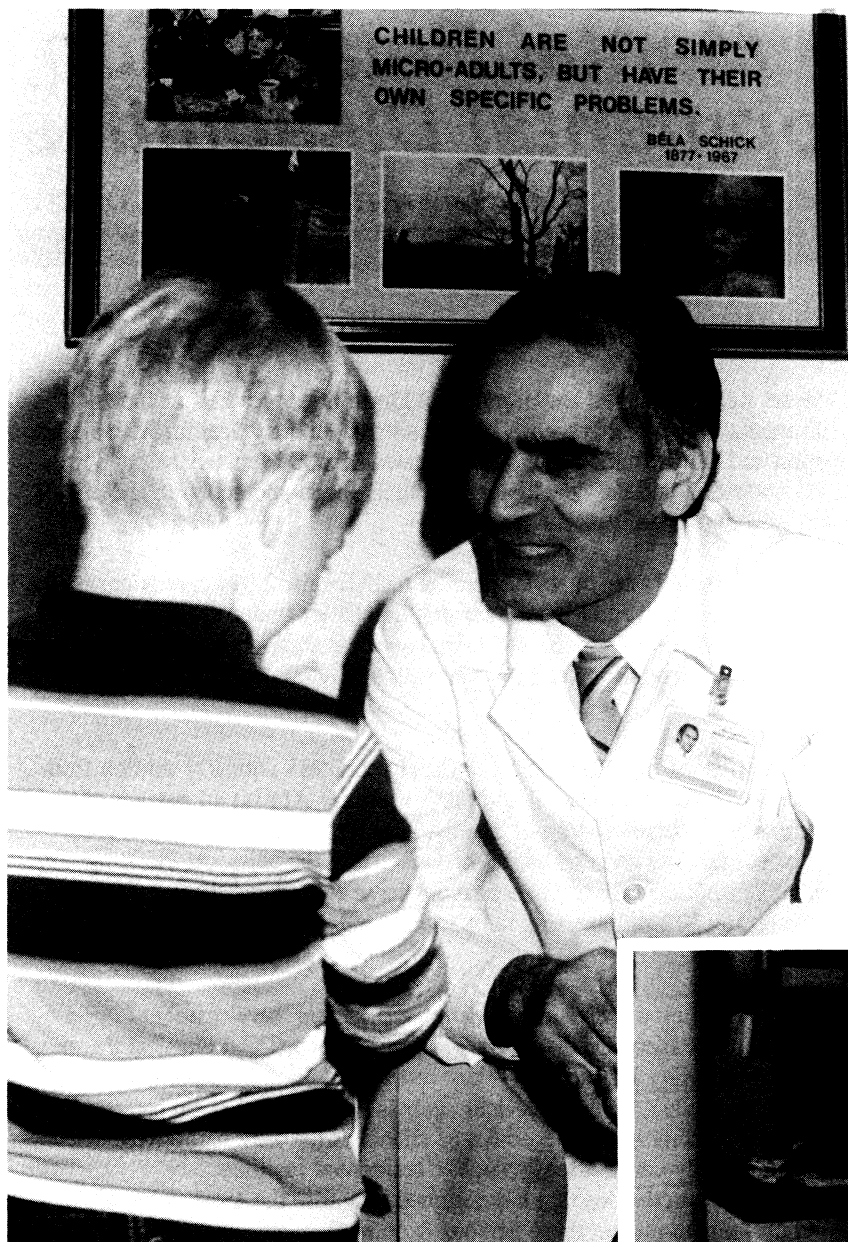
Woodson was founded in 1981 when the former St. Joseph State Hospital youth unit was made a freestanding facility for children and adolescents.

By mid-1985, the hospital was providing inpatient care for up to 32 patients and day hospital programs for youth from 21 counties of northwest Missouri.

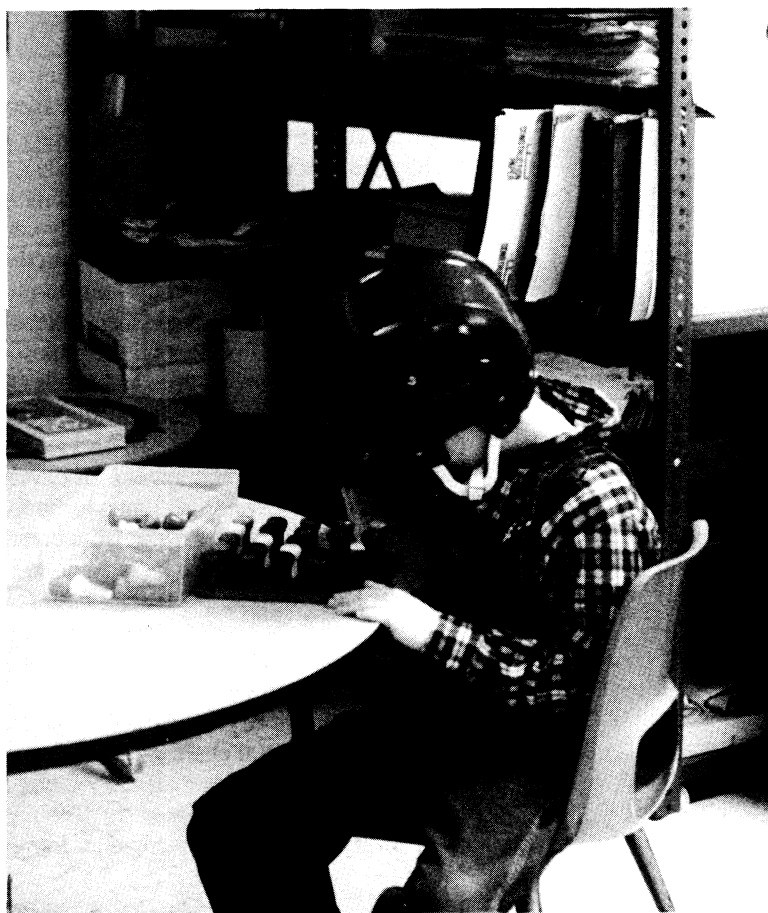
In 1984, Woodson was accredited by the Joint Commission on Accreditation of Hospitals, which enabled the children's facility to receive federal reimbursements for eligible patients under the Medicaid and Medicare programs.

Children and adolescents, ages 6 to 17, are admitted to Woodson on referrals from parents or guardians as voluntary patients or by court order for evaluation and treatment. Each patient is assessed by a treatment team composed of a physician, psychologist, nurse, social worker, educator and activity therapist. Based on the team's findings and recommendations, a treatment plan is designed for the patient who requires inpatient treatment.

Woodson provides intern experience for both undergraduate and graduate students enrolled in human services training programs at various colleges and universities. These student interns may specialize in medicine, social services, psychology, education and recreation.



Dr. Javad Kashani, a child psychiatrist at Mid-Missouri Mental Health Center in Columbia, is known internationally for his research on childhood depression.



Young clients enrolled in resident and day-care programs for developmentally disabled persons are encouraged to develop visual and motor skills through the use of colorful educational games.

Major accomplishments — 1985

Community placement

The division secured 200 new placements, the bulk of them in greater St. Louis. That metropolitan area had suffered from a dearth of such residential facilities for developmentally disabled persons, who often had to seek residential services elsewhere.

Quality assurance and protection

The division devoted much of its resources during the year to extraordinary efforts to upgrade care while preserving the service capacities of two large placement facilities in Columbia and Kansas City. These efforts included the use of division staff as on-site monitors, and the creation of consulting teams, drawn from division and contract staff, who examined problem areas and time-consuming abuse and neglect allegations.

Medicaid certification

Facing a national effort to reduce federal Medicaid spending on state mental health programs, the division reacted

with plans to permanently reduce the populations of its two largest habilitation centers, but to retain certification of parts of the facilities. Marshall Habilitation Center will gradually reduce its census from 577 to slightly more than 400, a far more manageable size for a rural site. Bellefontaine Habilitation Center, the first Missouri target of a new federal survey policy, will reduce its capacity from 416 to no more than 388 by June 1986 and increase staffing for behaviorally disordered and developmentally disabled clients.

Special populations

Working with the Missouri Planning Council for Developmental Disabilities and other interests, the division began work on a plan to open group homes devoted to clients with Prader-Willi syndrome. Besides mental retardation, this difficult-to-manage syndrome is associated with a severe eating disorder that, if unchecked, leads to gross obesity.

Major plans — 1986

Prevention

The division will join in the effort to develop a comprehensive statewide plan for prevention of developmental disabilities. The Missouri Planning Council has made available in federal funding for consultants to develop a state-wide prevention plan.

Employment

The federal Developmental Disabilities Administration, Missouri Mental Health Commission and Missouri Planning Council have set high priorities on expanding competitive employment skills and opportunities of developmentally disabled persons. As a step toward a broader jobs initiative in the future, the division will assess employment needs in fiscal 86 through the development of a statewide transition plan.

Group homes in southeast Missouri

The division will open new group-home complexes in Sikeston and Poplar Bluff that represent the first state-operated, long-term care facilities in southeast Missouri. Clients needing these services previously had to seek care in

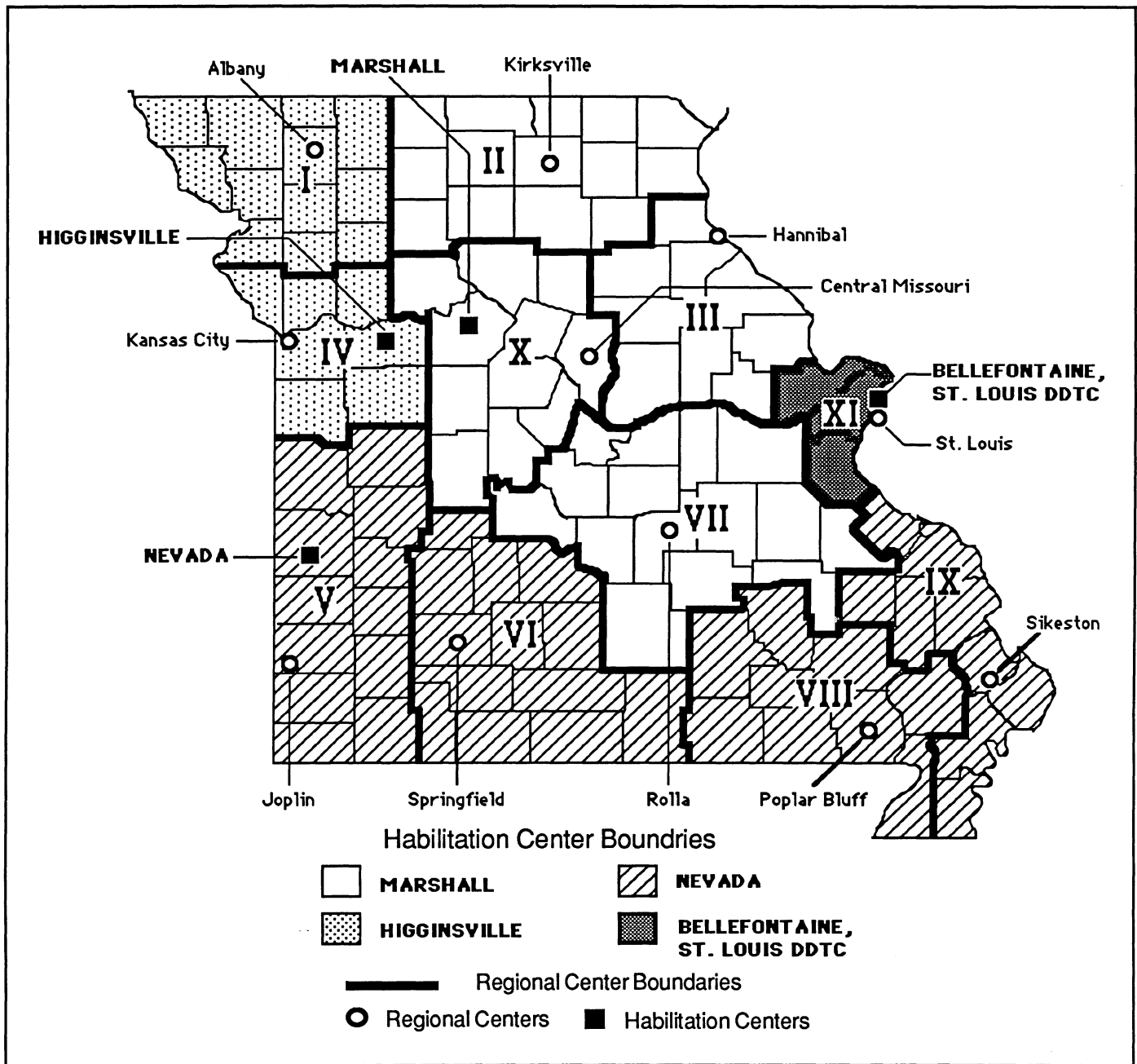
Nevada, Marshall and Higginsville. The centers will serve 40 persons in Sikeston and 56 in Poplar Bluff, in clustered eight-bed group homes on existing regional center grounds.

Accreditation

By the end of 1985, the Accreditation Council for Services for Mentally Retarded and Other Developmentally Disabled Persons — a Washington, D.C.-based peer review organization — had extended its approval to Higginsville Habilitation Center and regional centers in Springfield and Kirksville. The division will continue working toward the Mental Health Commission's goal of complete accreditation of department facilities by the end of 1986.

Parity

In conjunction with the Missouri Planning Council, the division will develop a formula for funding purchased services. This formula will serve as the basis for annual allocations and lead to greater equity across the state.



Habilitation Centers

The state's five current long-term centers for the developmentally disabled provide comprehensive care for the most severely and profoundly mentally retarded Missourians as well as those with behavior disorders. These services, however, still are provided according to individual plans monitored by the regional centers, and the programs aim to return clients to community life, if at all possible.

The habilitation centers — previously known as state school-hospitals — have experienced a steady decline in population as early intervention and community programs have allowed developmentally disabled persons to remain in or near their homes with assistance from smaller programs.

Marshall Habilitation Center

The Marshall facility, founded in 1899, provides long-term residential units for habilitative services, including specific programs for developmentally disabled persons with behavioral disturbances. In 1983, Marshall opened the state's first "retirement village" of group homes for long-term clients, who are enjoying improved physical health care and consequently are living to typical retirement ages.

Marshall also operates a skilled nursing facility for medically involved residents. Part of the center's 587 beds also qualify for federal reimbursement under the Medicaid program.

Five residential units work to help residents develop skills necessary to cope with their current environment and, ultimately, with life in the community. Support comes from such departments as speech therapy, physical therapy, occupational therapy, psychology, social services, religious services and vocational training.

Nevada Habilitation Center

Nevada provides long-term care for mentally retarded and developmentally disabled citizens from the southern one-third of the state.

Established in July 1973, the habilitation center occupies the major portion of grounds formerly held by Nevada State Hospital for mentally ill southwest Missourians. The 418-bed mental retardation facility still provides support services to the 155-bed state hospital.

Through individual habilitation plans, Nevada seeks to demonstrate that all mentally retarded and/or developmentally disabled persons are capable of learning, modifying inappropriate behavior and developing skills that will enable them to live a satisfying life in their own communities.

A 28-bed medical clinic in the Paul L. Barone, M.D. Building provides services for clients from the habilitation center, from the state hospital, and from community placement programs.

The center's entire capacity qualifies for reimbursement under the federal Medicaid program when beds are occupied by eligible clients.

Bellefontaine Habilitation Center

Bellefontaine provides a mixture of campus and community services designed to help mentally retarded and developmentally disabled clients experience the fullest possible measure of life in the community.

Besides its more-restrictive buildings, the center operates 34 group homes that provide homelike living for more than half the clients. School-aged children attend classes in the community operated by the Special School District of St. Louis County. Adults are employed in campus sheltered workshops or in the community.

The facility, which has a capacity of 430, was opened in 1924 by the city of St. Louis, which transferred control to state government in 1948.

The center gained federal certification as an intermediate-care facility for the mentally retarded under the Medicaid

program in 1975, and part of the capacity remains eligible for federal reimbursement of the cost of care.

Higginsville Habilitation Center

Higginsville, established in 1970 as a separate entity, in 1984 became the first state-operated long-term care facility in Missouri to gain approval of the Accreditation Council for Services for Mentally Retarded and Other Developmentally Disabled Persons; the other four state centers hope to gain that distinction by 1986.

The 254-bed center provides habilitation and other services for clients referred by regional centers in Kansas City and Albany. A simulated workshop on campus provides pre-vocational training, and Higginsville has strong ties to local sheltered workshops, which create job opportunities for residents.

Of the total capacity, 238 beds are certified for federal reimbursement under the Medicaid program.

St. Louis Developmental Disabilities Treatment Center

During the 1980s, St. Louis Developmental Disabilities Treatment Center has evolved rapidly from a 300-bed temporary facility on the grounds of St. Louis State Hospital to a community-based long-term care program at several metropolitan sites.

The center originally opened on the hospital grounds in 1975 in response to the closing of large nursing homes with mentally retarded residents and the inaccessibility of long-term care centers in western Missouri for St. Louis-area families.

The state's promise to eventually move the center reached partial fulfillment in 1983 with the opening of two new sites. South County Habilitation Center, has a capacity for 72 clients in nine eight-bed group homes clustered around a central activity center. Residents attend classes, day programs and job sites before returning to the complex in the evening.

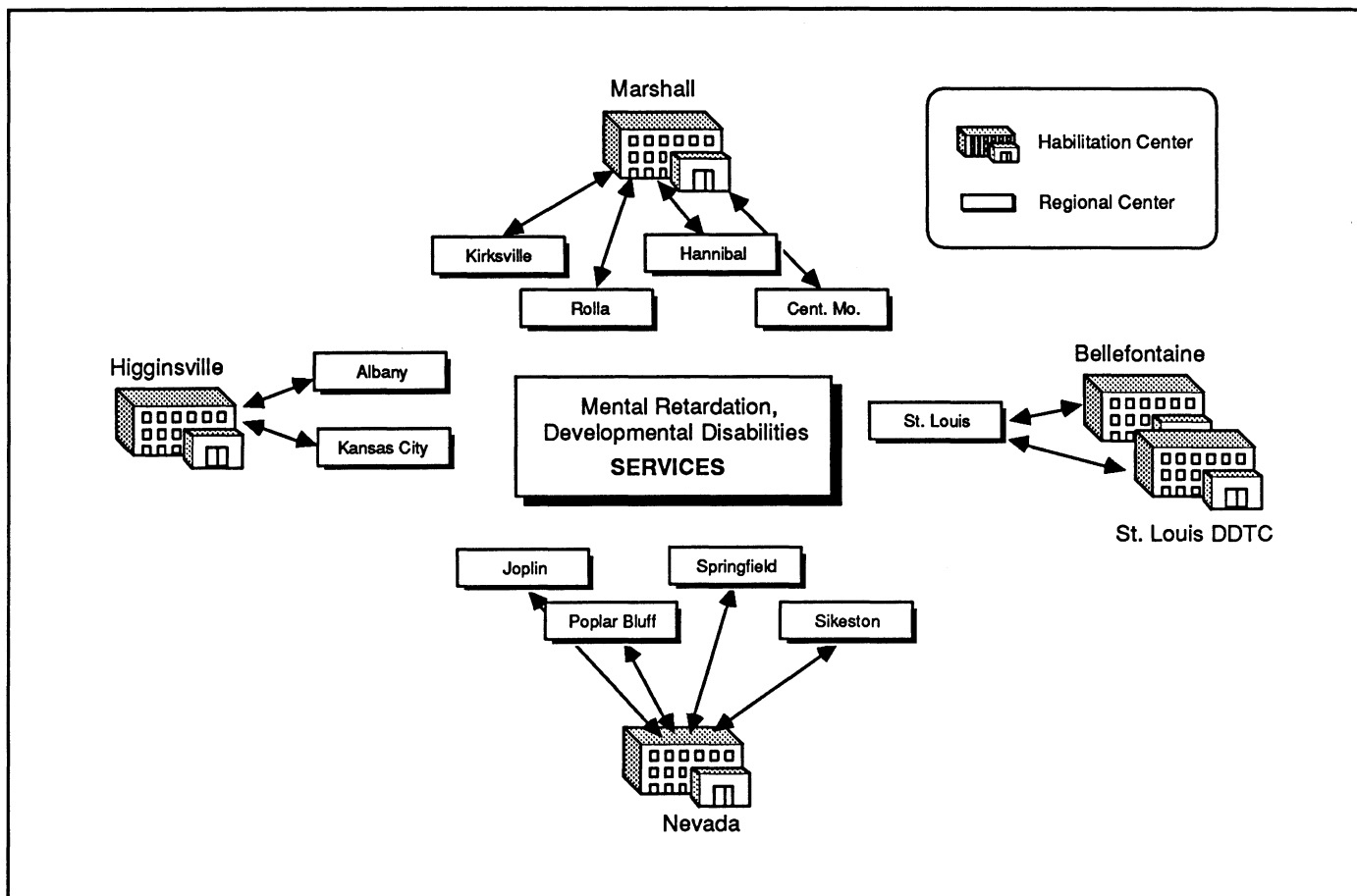
Midtown Habilitation Center, in St. Louis City, can serve up to 46 developmentally disabled clients who have serious medical problems. The center has an operating agreement with nearby Cardinal Glennon Hospital to provide necessary medical care.

St. Louis Developmental Disabilities Treatment Center still had capacity for 227 residents on the Arsenal Street site at the end of fiscal 1985. Most of the center's beds, including all of Midtown and South County, qualify for federal reimbursement under the Medicaid program.

The center also opened an eight-bed group home for women in St. Louis City — a first in state-local cooperation in serving developmentally disabled persons in Missouri. The city, supported by a local property tax for the handicapped, provided the dwelling, which is staffed by the center.

Similar county boards previously had built and operated homes, with support from the state community placement program.

Another group home for men in St. Louis, funded and staffed under the same arrangement, is scheduled to open in 1986.



Regional Centers

The Division of Mental Retardation and Developmental Disabilities operates 11 regional centers in Albany, Kirksville, Hannibal, Kansas City, Joplin, Springfield, Rolla, Poplar Bluff, Sikeston, Columbia and St. Louis for developmentally disabled persons. These centers serve as the entry and exit points for receiving state services.

Ten of the 11 regional centers were established in the six-year period from 1967 through 1972. The regional centers at Albany, Hannibal, Joplin and Springfield have been in existence since 1967. During Fiscal Year 1985 (FY '85), the Albany Regional Center served 541 clients; Hannibal served 661; Joplin, 672; and Springfield, 770.

Regional centers in Kirksville, Rolla, Poplar Bluff and Sikeston all opened in 1968. The numbers of clients served by these facilities in FY85 are as follows: Kirksville - 621, Rolla - 593, Poplar Bluff - 552, and Sikeston - 521.

The Kansas City Regional Center, which opened in 1971, served 1,332 clients this past fiscal year. And the St. Louis Regional Center, which was opened in 1972, served 4,652 clients.

In 1982, the Marshall Regional Center for the developmentally disabled was moved to Columbia and renamed the Central Missouri Regional Center. Its services were rendered to 998 clients in FY 85.

Individual clients' needs initially are assessed by an interdisciplinary team. Individual plans then are assigned to a

case manager, who is responsible for making sure the clients' needs are met. Services may come from the state long-term care centers, the regional center staff itself or community residential and non-residential services purchased under contract. This flexibility allows clients to receive services as close to their homes as possible and, based on need, in the least-restrictive environment necessary.

In 1984, the Missouri General Assembly approved funding to launch an innovative lease-purchase arrangement that will make long-term care for the developmentally disabled available in southeast Missouri for the first time.

The plan provides for the 1986 conversion of sections of the Sikeston and Poplar Bluff regional centers into activity centers for new residential complexes housing 96 residents.

In Sikeston, the center will have five eight-bed group homes located on adjacent property. The Poplar Bluff complex will provide seven eight-bed group homes clustered around the activity and administrative center.

The centers in Springfield and Kirksville have been approved by the Accreditation Council for Services for Mentally Retarded and Other Developmentally Disabled Persons, a national peer-review organization. The remaining centers hope to gain national accreditation in 1986.

Under a plan adopted in 1983, many of the services offered or funded by the centers qualify for partial federal reimbursement under the Medicaid program.

Alcohol and Drug Abuse

R.B. Wilson, Director

Mission

The Missouri Division of Alcohol and Drug Abuse plans and funds prevention programs and an array of rehabilitation services. In Missouri, an estimated 466,000 residents suffer from alcohol or drug abuse, while more than twice as many others — family, friends and co-workers — are affected adversely. Substance abuse costs the state an estimated \$2.9 billion annually in lost earnings, property damage and social welfare costs, not counting the human toll exacted. Data on state programs indicate that treatment and rehabilitation result in substantial increases in productivity, declines in difficulties in social functioning, increased educational activity and reductions in arrests.

Clients

The division funded treatment services for 17,771 clients, or a caseload increase of one percent from the previous year. The 9,128 clients in early stages of alcohol or drug abuse were served on an outpatient basis. There were 4,040 clients who required residential treatment before moving to outpatient status. Finally, 4,603 needed detoxification before they could take advantage of less-intensive rehabilitation.

Funding

Available funding totalled \$13.5 million, or seven percent more than fiscal 1984. Federal sources contributed \$6 million; the rest came from state general revenue. Government funding covers only what clients cannot afford to pay themselves.

Programs

The division primarily funds services through contracts with community agencies — non-profit alcohol and drug abuse treatment programs, community mental health centers and hospitals (see map, p. 31). In fiscal 85, the division contracted with such agencies for five major types of services:

- **Detoxification programs**, which safely and humanely reduce alcohol and/or drug levels in the body so that clients can take advantage of rehabilitation. Clients typically move into less-restrictive residential programs after they complete detoxification.
- **Residential programs**, which provide behavioral and other therapies over an extended period to prepare clients for maintaining sobriety after they return to homes, families and jobs.
- **Non-residential programs**, which offer such specialized services as information and referral, outreach, outpatient counseling and aftercare. Most division clients can take advantage of this early intervention without disrupting employment and family life.
- **Prevention programs**, which offer comprehensive positive-living programming for adolescents who learn life skills that guard against alcohol and drug abuse. Advanced versions of these programs also produce experienced peer counselors and student leaders who, in turn, conduct prevention activities at the local level.
- **Women's centers**, which offer a comprehensive continuum of services targeted toward the special needs of female substance abusers.

Certification

State law requires that community agencies receiving state service contracts must obtain certification from the Division of Alcohol and Drug Abuse. These certification standards are designed to ensure that agencies will operate fiscally and programmatically accountable programs. In fiscal 85, the greatest certification increase occurred among detoxification programs, which rose from 31 certified agencies to 35. Three new residential programs brought that total to 52. Certified non-residential or outpatient programs increased by one to 56.

Major accomplishments — 1985

Prevention

For the first time, the division was able to implement a statewide prevention program for youth through contract agencies in each of the state's six service regions. These agencies sponsor positive lifestyle teen institutes, encourage the development of local youth self-help and fulfillment groups and coordinate a variety of local prevention activities. A seventh contractor operates the statewide program, which includes advanced teen institutes that produce trained peer counselors to help troubled adolescents locally. Prevention activities are aimed at youth because these efforts yield the greatest results. The Missouri strategy already is being studied as a possible model for other states.

Program uniformity

To help ensure uniformity in program quality, the division issued standards for staffing patterns and budgeting for model substance abuse programs. Also combined during the year were the agency's management information and client-billing systems, which should increase the reliability and timeliness of data for executive decision making.

Expanded services for underserved areas

Despite modest budget growth, the division was able to fund a new residential treatment and detoxification service in Higginsville for the suburban fringes of greater Kansas City and make available core services for the Sikeston area. The startup of these service contracts marks the first time that the division was able to provide core services — detoxification,

residential and outpatient — in all 21 service areas of the state, although levels of basic service are still well below demand. A great need continues to exist for more long-term, domiciliary care for persons who are chronically debilitated because of substance abuse.

Expanded women's services

Federal alcohol, drug abuse and mental health block grant legislation, effective in fiscal 85, required Missouri to increase its commitment of federal funds to specialized services for women, who often have unique needs. The division shifted funding to expand five women's programs in four of the state's six regions.

Youth treatment

The division received funding for the first comprehensive public substance abuse treatment center — located in the Eastern Region of greater St. Louis — but the agency winning the bid was unable to locate a suitable site for the residential program.

Self-help

Many division programs have relied on Alcoholics Anonymous and similar self-help groups as sources of immediate reinforcement and long-term support for clients. In fiscal 85, the division formed a formal link with a consulting group of Alcoholics Anonymous members, who will offer advice on programming.

Major plans — 1986

Youth treatment

The division will open the state's first comprehensive public adolescent treatment center in greater St. Louis and, after mid-year, a second center in greater Kansas City. These centers will target youth whose needs for several months of intense treatment cannot be met by low-income or uninsured families facing rates of more than \$200 a day in private programs.

Counselor certification

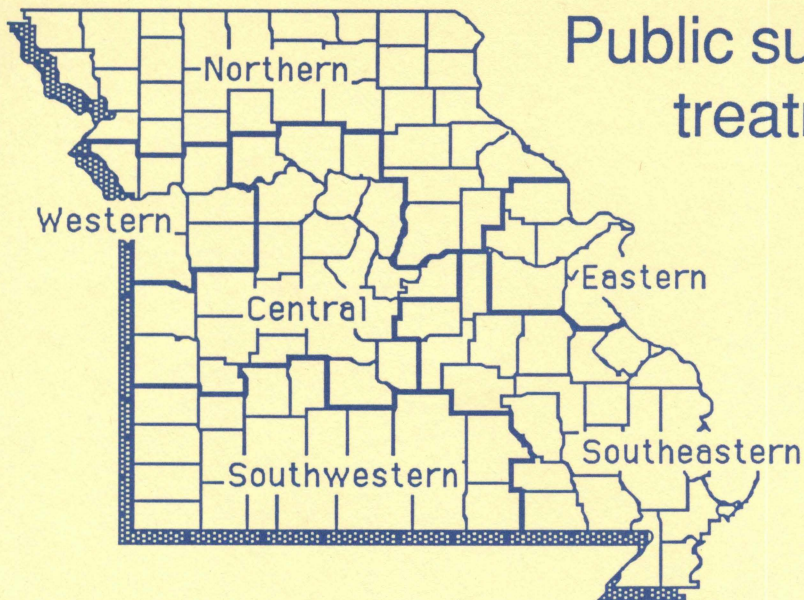
New legislation requires the Department of Economic Development to certify organizations for drug abuse counselors in private agencies. The ADA division expects to implement a licensing system for both alcohol and drug abuse counselors during the year.

Treatment in underserved areas, parity

The division will continue to allot as much aid as possible to underserved areas of the state. The agency hopes to move toward a fiscal 87 goal of funding at least 30 percent of expected need for each program in all 21 service areas. The division, in conjunction with the Missouri Advisory Council on Alcohol and Drug Abuse, will devise a formula for achieving funding and service parity across the state.

Management improvements

The division expects to set uniform criteria for admission to all state-supported programs, obtain competitive bids for all contracts awarded and develop a system of incentives for contracting agencies.



Public substance abuse treatment agencies, by region

Northern Region

Family Guidance Community Mental Health Center, St. Joseph — N/R
 Salvation Army Share House, St. Joseph — D-R-N/R
 St. Joseph State Hospital, St. Joseph — D-R
 North Central Missouri Mental Health Center, Trenton — D-R-N/R
 Hannibal Council on Alcohol and Drug Abuse — D-R-N/R
 Transitional Care Center, Inc., Kirksville — D-R- N/R-P
 East Central Missouri Mental Health Center, Mexico — D-N-R
 Serve Inc., Fulton — D-R-N/R-W

Western Region

Substance Abuse Rehabilitation Program, Inc., Higginsville — D-R-N/R
 West Central Missouri Mental Health Center, Warrensburg — N/R
 Brighter Tomorrow, Inc., Kansas City — R
 Greater Kansas City Mental Health Foundation, Kansas City — R-N/R
 Kansas City Community Center, Kansas City — D-R
 Kansas City Drug Abuse Program, Kansas City — N/R
 Renaissance West Inc., Kansas City — R- N/R
 Rose Brooks Center Inc., Kansas City — W
 Task Force for Women Alcoholics, Kansas City — W
 Western Missouri Mental Health Center, Kansas City — N/R
 National Council on Alcoholism, Kansas City — P

Central Region

Community Counseling Consultants, Clinton — D-R-N/R
 Nevada State Hospital, Nevada — R

Sedalia Mental Health Center, Sedalia — N/R
 Charles E. Still Hospital, Jefferson City — D
 LaCam Counseling Services, Lebanon — N/R
 Life Problems Consultants, Jefferson City — N/R
 Family Counseling Center, Columbia — W-P-N/R
 Front Door Counseling and Youth Center, Columbia — R-N/R
 Mid-Missouri Mental Health Center, Columbia — D-R-N/R
 Phoenix House, Columbia — R

Eastern Region

Bridgeway Counseling Service, St. Charles — W
 St. Joseph Health Center, St. Charles — D
 Community Treatment Inc., Festus — N/R
 Alcohol Drop-In Center, St. Louis — N/R
 Archway Communities Inc., St. Louis — R-N/R
 Citizens Together Inc., St. Louis — N/R
 D.A.R.T., St. Louis — N/R
 Human Development Corp., St. Louis — N/R
 Magdala Foundation, St. Louis — R, N/R
 Narcotics Service Council — D-R-N/R
 Salvation Army Harbor House, St. Louis — D-R
 St. Louis Comprehensive Neighborhood Health Center — N/R
 St. Louis State Hospital — D-R
 Substance Habit Services, St. Louis — N/R
 St. Louis National Council on Alcoholism — P

Southwestern Region

Barry-Lawrence County Mental Health Association, Monett — N/R
 Family Self-Help Center, Joplin — W
 Ozark Community Mental Health Center, Joplin — D-R-N/R
 Burrell Center Inc., Springfield — N/R
 Lakes Country Rehabilitation Center, Springfield — R
 Sigma House, Springfield — D-R-N/R
 South Central Missouri Rehabilitation Center Inc., West Plains — D-R-N/R
 Ozarks National Council on Alcoholism, Springfield — P

Southeastern Region

Farmington State Hospital — R
 Southeast Missouri Community Treatment Center, Farmington — D-R-N/R
 New Horizons Inc., Vichy — D-R-N/R
 Family Counseling Center, Hayti and Kennett — D-R-N/R
 Shamar Corp., Poplar Bluff — D-R
 Southeast Ozark Mental Health Center, Poplar Bluff — N/R
 Cape Girardeau Wiser Inc. — W
 Southeast Missouri Halfway House, Cape Girardeau — R
 St. Francis Mental Health Center, Cape Girardeau — D-N/R
 Missouri Institute for Prevention Services, Southeast, Farmington — P

Symbols

D = detoxification
 R = residential treatment
 N/R = non-residential treatment
 P = prevention
 W = women's services

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